



# *Plus Drug Formulary*

## March 2025

### Blue Shield of California

This formulary corresponds with the following plans:  
Shield Savings<sup>SM</sup> 2400/4800-G, Shield Spectrum PPO<sup>SM</sup> Plan 2000-G

This formulary was last updated on 03/01/2025 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary*, visit [www.blueshieldca.com/pharmacy](http://www.blueshieldca.com/pharmacy).

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits and Evidence of Coverage*. For plan and coverage documents, visit [https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer\\_contents\\_en/policies](https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies). For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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## Informational Section

The *Blue Shield Plus Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

### Definitions

The following words and definitions will be used throughout the formulary drug list.

| Term   |
|--|
| <b>"Brand-name drug"</b> is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.   |
| <b>"Coinsurance"</b> is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.   |
| <b>"Copayment"</b> is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.   |
| <b>"Deductible"</b> is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.   |
| <b>"Drug tier"</b> is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.   |
| <b>"Enrollee"</b> is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.  |
| <b>"Exception request"</b> is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition. |

| Term   |
|--|
| <p><b>“Exigent circumstances”</b> are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.</p>  |
| <p><b>“Formulary”</b> is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.</p>  |
| <p><b>“Generic drug”</b> is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i><b>bold and italicized lowercase letters</b></i>.</p>  |
| <p><b>“Non-formulary drug”</b> is a prescription drug that is not listed on the health plan's formulary.</p>   |
| <p><b>“Out-of-pocket costs”</b> are copayments, coinsurance, and the applicable deductible, plus all costs for healthcare services that are not covered by the health plan.</p>  |
| <p><b>“Prescribing provider”</b> is a healthcare provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p>  |
| <p><b>“Prescription”</b> is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.</p> |
| <p><b>“Prescription drug”</b> is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.</p>  |
| <p><b>“Preventive health drugs”</b> are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.</p>  |
| <p><b>“Prior authorization”</b> is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p>   |

| Term   |
|--|
| <p><b>“Step therapy”</b> is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.</p> |
| <p><b>“Subscriber”</b> means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.</p>   |

\* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

### How do I find a drug on this list?

Each drug is listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

Using the brand-name or the generic name for the drug, you can search this list in one of two ways:

- Search for the category or class to which the drug belongs and search for the name of the drug in alphabetical order
- Search the Alphabetical Index of Drugs by the name of the drug

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

### How do I know if the drug listed is a brand or generic drug?

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
  - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***
  - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

### Example

| Drug Type                               | How the drug name will appear in the formulary drug list |
|---|--|
| generic drug                            | <i>atorvastatin calcium</i>                              |
| generic drug marketed with a brand name | oxycodone/acetaminophen (Endocet)                        |
| brand drug                              | LIPITOR ( <i>atorvastatin calcium</i> )                  |

### What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Drug tier" is the cost level you pay for a drug.

| Drug Tier <sup>†</sup> | Tier name                         | Description                                       |
|------------------------|-----------------------------------|---|
| 1                      | Formulary generic                 | Formulary generic drugs                           |
| 2                      | Formulary brand                   | Formulary brand drugs                             |
| 3                      | Non-formulary brand               | Non-formulary brand drugs                         |
| 4                      | Specialty or home self-injectable | Specialty drugs or self-administered injectables* |

<sup>†</sup> Preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met. See your *Evidence of Coverage* (EOC) for further details about your benefit.

\* See your *Evidence of Coverage* for further details about coverage of specialty or self-administered injectables in your benefit.

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

**Note:** Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

**How to read the formulary**

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

| <b>Coverage Requirements and Limits</b> |                         | <b>Description</b>   |
|---|-------------------------|--|
| AL1                                     | Age limit               | Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.  |
| CW                                      | Cost waived             | This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Evidence of Coverage (EOC) for more detailed information.  |
| GL                                      | Gender limit            | Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.  |
| OAC                                     | Oral anti-cancer        | There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information.  |
| PA                                      | Prior authorization     | Prior authorization is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. |
| PH                                      | Preventive health drugs | Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met.*  |
| QLC                                     | Quantity limit          | The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.  |
| RO                                      | Retail only             | This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.  |

|    |                    |   |
|----|--------------------|---|
| SF | Starter fill       | Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.  |
| SP | Specialty pharmacy | These drugs are available exclusively through select specialty pharmacies.  |
| ST | Step therapy       | Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met. |

\* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your Evidence of Coverage (EOC) for further details about your benefit.

### **How often will the formulary change?**

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.



- When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Plus Drug Formulary, visit [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy).

### **What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?**

A medical benefit drug is a drug that is not generally self-administered and administered by a healthcare professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

### **What are preventive health drugs?**

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy).

### **What drugs have their cost waived?**

Select drugs are required by state or federal legislation to be covered with no out-of-pocket cost for members. Certain benefit limitations may apply. For more details about drugs with waived copays, see your Blue Shield Evidence of Coverage.

### **What is a contraceptive drug or device?**

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exception of brands that have a generic equivalent,

these drugs and devices are covered with no member copayment.

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer service number on your Blue Shield member ID card.

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

| <b>Over the counter (OTC) Contraceptives</b>      |
|---|
| Condoms (Female)                                  |
| Condoms (Male)                                    |
| Daily Oral Contraceptives (Opill)                 |
| Emergency Oral Contraceptives                     |
| Spermicides (cream, film, foam, gel, suppository) |

**What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?**

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, continuous glucose monitors, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

**What if my drug requires a prior authorization or step therapy?**

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of the patient’s prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information

from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

### **How do I request a prior authorization or step therapy exception?**

To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

### **What if my drug is non-formulary or not listed?**

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered

approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

### **Participating retail pharmacies**

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy).

### **What are specialty drugs?**

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy) if you have questions about specialty drugs.

### **Home delivery pharmacy**

Blue Shield offers an easy-to-use home delivery prescription drug program through our contracted home delivery provider. You can save time and money using the home delivery service. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the home delivery service, visit [amazon.com/blueshieldca](https://amazon.com/blueshieldca).

# Categorical List of Prescription Drugs

|  |     |
|--|-----|
| ANALGESICS (Drugs for Pain) . . . . .  | 2   |
| ANESTHETICS (Drugs for Numbing) . . . . .  | 19  |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse) . . . . .                                    | 20  |
| ANTIBACTERIALS (Drugs for Bacterial Infections) . . . . .  | 22  |
| ANTICONVULSANTS (Drugs for Seizures) . . . . .   | 34  |
| ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia) . . . . .   | 44  |
| ANTIDEPRESSANTS (Drugs for Depression) . . . . .   | 47  |
| ANTIEMETICS (Drugs for Nausea and Vomiting) . . . . .  | 55  |
| ANTIFUNGALS (Drugs for Fungal Infections) . . . . .  | 57  |
| ANTIGOUT AGENTS (Drugs for Gout) . . . . .   | 60  |
| ANTIMIGRAINE AGENTS (Drugs for Migraine) . . . . .   | 61  |
| ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis) . . . . .  | 64  |
| ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections) . . . . .  | 65  |
| ANTINEOPLASTICS (Drugs for Cancer) . . . . .   | 66  |
| ANTIPARASITICS (Drugs for Parasitic Infections) . . . . .  | 81  |
| ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease) . . . . .   | 83  |
| ANTIPSYCHOTICS (Drugs for Mental Health) . . . . .   | 88  |
| ANTISPASTICITY AGENTS (Drugs for Muscle Spasm) . . . . .   | 94  |
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| BIPOLAR AGENTS (Drugs for Bipolar Disorder) . . . . .  | 107 |
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| CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions) . . . . .   | 160 |
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| DERMATOLOGICAL AGENTS (Drugs for the Skin) . . . . .   | 178 |
| ELECTROLYTES/MINERALS/METALS/VITAMINS . . . . .  | 198 |
| GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach) . . . . .  | 213 |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders) . . . . .         | 222 |
| GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney) . . . . .  | 227 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones) . . . . .      | 232 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones) . . . . .  | 236 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin) . . . . .        | 238 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones) . . . . . | 239 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for  |     |

|   |     |
|---|-----|
| Replacing/Stimulating Thyroid Gland Hormones).....  | 261 |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)..... | 265 |
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| OTIC AGENTS (Drugs for the Ears).....   | 302 |
| RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs).....   | 303 |
| SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness).....   | 319 |
| SLEEP DISORDER AGENTS (Drugs for Sleep Problems).....   | 320 |
| Uncategorized.....  | 323 |
| WEIGHT LOSS AGENTS.....   | 323 |

| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS                |
|--|-----------|---|
| <b>ANALGESICS (Drugs for Pain)</b>   |           |   |
| <b>ANALGESICS, OTHER</b>   |           |   |
| JOURNAVX ( <i>suzetrigine</i> ) 50 MG TAB  | Tier 3    | PA, QLC (29 tabs/14 days)                       |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)</b>               |           |   |
| ARTHROTEC ( <i>diclofenac w/ misoprostol</i> ) 50-0.2 MG TAB DR, 75-0.2 MG TAB DR    | Tier 3    |   |
| BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB                                       | Tier 1    | QLC (6 tabs/day)                                |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>                                  | Tier 1    | QLC (6 caps/day; max 48 caps/30 days)           |
| CAMBIA ( <i>diclofenac potassium (migraine)</i> ) 50 MG PACKET                       | Tier 3    | PA, QLC (9 packets/month)                       |
| CELEBREX ( <i>celecoxib</i> ) 400 MG CAP   | Tier 3    | QLC (1 cap/day)                                 |
| CELEBREX ( <i>celecoxib</i> ) 50 MG CAP, 100 MG CAP, 200 MG CAP                      | Tier 3    | QLC (2 caps/day)                                |
| <i>celecoxib cap 100 mg</i>  | Tier 1    | QLC (2 caps/day)                                |
| <i>celecoxib cap 200 mg</i>  | Tier 1    | QLC (2 caps/day)                                |
| <i>celecoxib cap 400 mg</i>  | Tier 1    | QLC (1 cap/day)                                 |
| <i>celecoxib cap 50 mg</i>   | Tier 1    | QLC (2 caps/day)                                |
| DAYPRO ( <i>oxaprozin</i> ) 600 MG TAB   | Tier 3    |   |
| DICLOFENAC EPOLAMINE 1.3 % PATCH   | Tier 1    | PA, QLC (2 patches/day; max 30 patches/30 days) |
| <i>diclofenac potassium (migraine) packet 50 mg</i> (DICLOFENAC POTASSIUM(MIGRAINE)) | Tier 1    | PA, QLC (9 packets/month)                       |
| <i>diclofenac potassium cap 25 mg</i>  | Tier 1    | PA, QLC (4 caps/day)                            |
| <i>diclofenac potassium tab 25 mg</i>  | Tier 1    | PA, QLC (4 tabs/day)                            |
| <i>diclofenac potassium tab 50 mg</i>  | Tier 1    |   |
| diclofenac potassium tab 50 mg (Cataflam)  | Tier 1    |   |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i>                                  | Tier 1    | PA, QLC (1 tube/month; max 3 tubes/year)        |
| <i>diclofenac sodium soln 1.5%</i>   | Tier 1    | QLC (1 bottle/month)                            |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|---|------------------|---|
| <i>diclofenac sodium soln 2%</i>  | Tier 1           | PA, QLC (1 bottle/month)                        |
| <i>diclofenac sodium tab delayed release 25 mg</i>                                      | Tier 1           |   |
| <i>diclofenac sodium tab delayed release 50 mg</i>                                      | Tier 1           |   |
| <i>diclofenac sodium tab delayed release 75 mg</i>                                      | Tier 1           |   |
| <i>diclofenac sodium tab er 24hr 100 mg</i><br>(DICLOFENAC SODIUM ER)                   | Tier 1           |   |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (DICLOFENAC-MISOPROSTOL) | Tier 1           |   |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (DICLOFENAC-MISOPROSTOL) | Tier 1           |   |
| <i>diflunisal tab 500 mg</i>  | Tier 1           |   |
| DUEXIS ( <i>ibuprofen-famotidine</i> ) 800-26.6 MG TAB                                  | Tier 3           | PA, QLC (3 tabs/day)                            |
| ELYXYB ( <i>celecoxib (migraine)</i> ) 120 MG/4.8ML SOLUTION                            | Tier 3           | PA, QLC (4.8 ml/day)                            |
| <i>etodolac cap 200 mg</i>  | Tier 1           |   |
| <i>etodolac cap 300 mg</i>  | Tier 1           |   |
| <i>etodolac tab 400 mg</i>  | Tier 1           |   |
| <i>etodolac tab 500 mg</i>  | Tier 1           |   |
| <i>etodolac tab er 24hr 400 mg</i><br>(ETODOLAC ER)                                     | Tier 1           |   |
| <i>etodolac tab er 24hr 500 mg</i><br>(ETODOLAC ER)                                     | Tier 1           |   |
| <i>etodolac tab er 24hr 600 mg</i><br>(ETODOLAC ER)                                     | Tier 1           |   |
| FELDENE ( <i>piroxicam</i> ) 10 MG CAP, 20 MG CAP                                       | Tier 3           |   |
| <i>fenoprofen calcium cap 400 mg</i>  | Tier 1           | PA, QLC (8 caps/day)                            |
| <i>fenoprofen calcium tab 600 mg</i>  | Tier 1           | PA, QLC (4 tabs/day)                            |
| FENOPRON ( <i>fenoprofen calcium</i> ) 300 MG CAP                                       | Tier 1           | PA, QLC (4 caps/day)                            |
| FLECTOR ( <i>diclofenac epolamine</i> ) 1.3 % PATCH                                     | Tier 3           | PA, QLC (2 patches/day; max 30 patches/30 days) |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>                           | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>       |
|---|------------------|---|
| FLURBIPROFEN 50 MG TAB                                  | Tier 1           |   |
| <i>flurbiprofen tab 100 mg</i>                          | Tier 1           |   |
| <i>ibuprofen tab 400 mg</i>                             | Tier 1           |   |
| <i>ibuprofen tab 600 mg</i>                             | Tier 1           |   |
| <i>ibuprofen tab 800 mg</i>                             | Tier 1           |   |
| <i>ibuprofen-famotidine tab 800-26.6 mg</i>             | Tier 1           | PA, QLC (3 tabs/day)                          |
| INDOCIN ( <i>indomethacin</i> ) 25 MG/5ML SUSPENSION    | Tier 3           | PA  |
| <i>indomethacin cap 25 mg</i>                           | Tier 1           |   |
| <i>indomethacin cap 50 mg</i>                           | Tier 1           |   |
| <i>indomethacin cap er 75 mg</i><br>(INDOMETHACIN ER)   | Tier 1           |   |
| <i>indomethacin suppos 50 mg</i>                        | Tier 1           | PA, QLC (4 suppositories/day)                 |
| indomethacin suppos 50 mg (Indocin)                     | Tier 1           | PA, QLC (4 suppositories/day)                 |
| <i>indomethacin susp 25 mg/5ml</i>                      | Tier 1           | PA  |
| KETOPROFEN 25 MG CAP, 75 MG CAP                         | Tier 1           | PA, QLC (4 caps/day)                          |
| KETOPROFEN 50 MG CAP                                    | Tier 1           | PA, QLC (6 caps/day)                          |
| KETOPROFEN ER 200 MG CAP 24H                            | Tier 1           | PA  |
| KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION          | Tier 3           | PA, LA, QLC (5 bottles/month)                 |
| <i>ketorolac tromethamine tab 10 mg</i>                 | Tier 1           | QLC (20 tabs/30 days)                         |
| KIPROFEN ( <i>ketoprofen</i> ) 25 MG CAP                | Tier 1           | PA, QLC (4 caps/day)                          |
| LICART ( <i>diclofenac epolamine</i> ) 1.3 % PATCH 24HR | Tier 3           | PA, QLC (1 patch/day; max 15 patches/30 days) |
| LODINE ( <i>etodolac</i> ) 400 MG TAB                   | Tier 3           |   |
| MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP              | Tier 1           | PA  |
| <i>mefenamic acid cap 250 mg</i>                        | Tier 1           | PA  |
| <i>meloxicam cap 10 mg</i>                              | Tier 1           | PA, QLC (1 cap/day)                           |
| <i>meloxicam cap 5 mg</i>                               | Tier 1           | PA, QLC (1 cap/day)                           |
| <i>meloxicam tab 15 mg</i>                              | Tier 1           |   |
| <i>meloxicam tab 7.5 mg</i>                             | Tier 1           |   |
| MOBIC ( <i>meloxicam</i> ) 7.5 MG TAB, 15 MG TAB        | Tier 3           |   |

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Therapy

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|--|------------------|---|
| <i>nabumetone tab 500 mg</i>   | Tier 1           |   |
| nabumetone tab 500 mg (Relafen)  | Tier 3           |   |
| <i>nabumetone tab 750 mg</i>   | Tier 1           |   |
| nabumetone tab 750 mg (Relafen)  | Tier 3           |   |
| NALFON ( <i>fenoprofen calcium</i> ) 400 MG CAP                                    | Tier 3           | PA, QLC (8 caps/day)                    |
| NALFON ( <i>fenoprofen calcium</i> ) 600 MG TAB                                    | Tier 3           | PA, QLC (4 tabs/day)                    |
| NAPRELAN ( <i>naproxen sodium</i> ) 375 MG TAB ER 24H                              | Tier 3           | PA, QLC (1 tab/day)                     |
| NAPRELAN ( <i>naproxen sodium</i> ) 500 MG TAB ER 24H, 750 MG TAB ER 24H           | Tier 3           | PA, QLC (2 tabs/day)                    |
| NAPROSYN ( <i>naproxen</i> ) 125 MG/5ML SUSPENSION                                 | Tier 3           | PA                                      |
| <i>naproxen sodium tab 275 mg</i>  | Tier 1           |   |
| <i>naproxen sodium tab 550 mg</i>  | Tier 1           |   |
| <i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (NAPROXEN SODIUM ER)        | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (NAPROXEN SODIUM ER)        | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (NAPROXEN SODIUM ER)        | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>naproxen susp 125 mg/5ml</i>  | Tier 1           | PA                                      |
| <i>naproxen tab 250 mg</i>   | Tier 1           |   |
| <i>naproxen tab 375 mg</i>   | Tier 1           |   |
| <i>naproxen tab 500 mg</i>   | Tier 1           |   |
| <i>naproxen tab ec 375 mg</i>  | Tier 1           |   |
| <i>naproxen tab ec 375 mg</i> (EC-NAPROXEN)  | Tier 1           |   |
| <i>naproxen tab ec 500 mg</i>  | Tier 1           |   |
| <i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)  | Tier 1           |   |
| <i>naproxen tab ec 500 mg</i> (NAPROXEN DR)  | Tier 1           |   |
| <i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG) | Tier 1           | PA, QLC (2 tabs/day)                    |

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|--|------------------|---|
| <i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG) | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>oxaprozin tab 600 mg</i>  | Tier 1           |   |
| PENNSAID ( <i>diclofenac sodium (topical)</i> ) 2 % SOLUTION                       | Tier 3           | PA, QLC (1 bottle/month)                |
| <i>piroxicam cap 10 mg</i>   | Tier 1           |   |
| <i>piroxicam cap 20 mg</i>   | Tier 1           |   |
| QMIIZ ODT ( <i>meloxicam</i> ) ODT 7.5 MG TAB DISP, ODT 15 MG TAB DISP             | Tier 3           | PA, QLC (1 tab/day)                     |
| RELAFEN DS ( <i>nabumetone</i> ) 1000 MG TAB                                       | Tier 3           | PA, QLC (2 tabs/day)                    |
| <i>salsalate tab 500 mg</i>  | Tier 1           |   |
| <i>salsalate tab 750 mg</i>  | Tier 1           |   |
| SPRIX ( <i>ketorolac tromethamine</i> ) 15.75 MG/SPRAY SOLUTION                    | Tier 3           | PA, QLC (5 bottles/month)               |
| <i>sulindac tab 150 mg</i>   | Tier 1           |   |
| <i>sulindac tab 200 mg</i>   | Tier 1           |   |
| TOLECTIN 600 ( <i>tolmetin sodium</i> ) MG TAB                                     | Tier 1           | PA                                      |
| TOLMETIN SODIUM 400 MG CAP, 600 MG TAB   | Tier 1           | PA                                      |
| VIMOVO ( <i>naproxen-esomeprazole magnesium</i> ) 375-20 MG TAB DR                 | Tier 3           | PA, QLC (2 tabs/day)                    |
| VIMOVO ( <i>naproxen-esomeprazole magnesium</i> ) 500-20 MG TAB DR                 | Tier 3           | PA, QLC (2 tabs/day)                    |
| VIVLODEX ( <i>meloxicam</i> ) 5 MG CAP, 10 MG CAP                                  | Tier 3           | PA, QLC (1 cap/day)                     |
| ZIPSOR ( <i>diclofenac potassium</i> ) 25 MG CAP                                   | Tier 3           | PA, QLC (4 caps/day)                    |
| ZORVOLEX ( <i>diclofenac</i> ) 18 MG CAP   | Tier 3           | PA, QLC (3 caps/day)                    |
| ZORVOLEX ( <i>diclofenac</i> ) 35 MG CAP   | Tier 3           | PA, QLC (3 caps/day)                    |
| <b>OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)</b>        |                  |   |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>                                     | Tier 1           | PA, QLC (4 patches/28 days)             |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>                                     | Tier 1           | PA, QLC (4 patches/28 days)             |

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|---|------------------|---|
| <i>buprenorphine td patch weekly 20 mcg/hr</i>  | Tier 1           | PA, QLC (4 patches/28 days)             |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>   | Tier 1           | PA, QLC (4 patches/28 days)             |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>   | Tier 1           | PA, QLC (4 patches/28 days)             |
| BUTRANS ( <i>buprenorphine</i> ) 5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK | Tier 3           | PA, QLC (4 patches/28 days)             |
| CONZIP ( <i>tramadol hcl</i> ) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H  | Tier 3           | PA, QLC (1 cap/day)                     |
| DURAGESIC-100 ( <i>fentanyl</i> ) -MCG/HR PATCH 72HR  | Tier 3           | PA, QLC (20 patches/month)              |
| DURAGESIC-12 ( <i>fentanyl</i> ) -MCG/HR PATCH 72HR   | Tier 3           | PA, QLC (20 patches/month)              |
| DURAGESIC-25 ( <i>fentanyl</i> ) -MCG/HR PATCH 72HR   | Tier 3           | PA, QLC (20 patches/month)              |
| DURAGESIC-50 ( <i>fentanyl</i> ) -MCG/HR PATCH 72HR   | Tier 3           | PA, QLC (20 patches/month)              |
| DURAGESIC-75 ( <i>fentanyl</i> ) -MCG/HR PATCH 72HR   | Tier 3           | PA, QLC (20 patches/month)              |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>  | Tier 1           | PA, QLC (20 patches/month)              |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>   | Tier 1           | PA, QLC (20 patches/month)              |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>   | Tier 1           | PA, QLC (20 patches/month)              |
| <i>fentanyl td patch 72hr 37.5 mcg/hr</i>   | Tier 4           | PA, QLC (10 patches/month)              |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>   | Tier 1           | PA, QLC (20 patches/month)              |
| <i>fentanyl td patch 72hr 62.5 mcg/hr</i>   | Tier 4           | PA, QLC (10 patches/month)              |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>   | Tier 1           | PA, QLC (20 patches/month)              |
| <i>fentanyl td patch 72hr 87.5 mcg/hr</i>   | Tier 4           | PA, QLC (10 patches/month)              |
| <i>hydrocodone bitartrate cap er 12hr 10 mg</i> (HYDROCODONE BITARTRATE ER)   | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>hydrocodone bitartrate cap er 12hr 15 mg</i> (HYDROCODONE BITARTRATE ER)   | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>hydrocodone bitartrate cap er 12hr 30 mg</i> (HYDROCODONE BITARTRATE ER)   | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>hydrocodone bitartrate cap er 12hr 40 mg</i> (HYDROCODONE BITARTRATE ER)   | Tier 1           | PA, QLC (2 caps/day)                    |

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|--|------------------|---|
| <i>hydrocodone bitartrate cap er 12hr 50 mg</i> (HYDROCODONE BITARTRATE ER)  | Tier 1           | PA, QLC (2 caps/day)                    |
| HYDROCODONE BITARTRATE ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> (HYDROCODONE BITARTRATE ER)   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> (HYDROCODONE BITARTRATE ER)   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> (HYDROCODONE BITARTRATE ER)  | Tier 1           | PA, QLC (1 cap/day)                     |
| <i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> (HYDROCODONE BITARTRATE ER)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> (HYDROCODONE BITARTRATE ER)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> (HYDROCODONE BITARTRATE ER)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> (HYDROCODONE BITARTRATE ER)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydromorphone hcl tab er 24hr 12 mg</i> (HYDROMORPHONE HCL ER)  | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>hydromorphone hcl tab er 24hr 16 mg</i> (HYDROMORPHONE HCL ER)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydromorphone hcl tab er 24hr 32 mg</i> (HYDROMORPHONE HCL ER)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>hydromorphone hcl tab er 24hr 8 mg</i> (HYDROMORPHONE HCL ER)   | Tier 1           | PA, QLC (1 tab/day)                     |
| HYSINGLA ER ( <i>hydrocodone bitartrate</i> ) 20 MG TB24 DET   | Tier 3           | PA, QLC (1 cap/day)                     |
| HYSINGLA ER ( <i>hydrocodone bitartrate</i> ) ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER  | Tier 3           | PA, QLC (1 tab/day)                     |

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|---|------------------|---|
| HYSINGLA ER ( <i>hydrocodone bitartrate</i> )<br>ER 80 MG TB24 DETER, ER 100 MG TB24<br>DETER, ER 120 MG TB24 DETER | Tier 4           | PA, QLC (1 tab/day)                     |
| <i>levorphanol tartrate tab 2 mg</i>  | Tier 1           | PA, QLC (9 tabs/day)                    |
| <i>levorphanol tartrate tab 3 mg</i>  | Tier 1           | PA, QLC (4 tabs/day)                    |
| METHADONE HCL 10 MG/5ML<br>SOLUTION   | Tier 1           | PA, QLC (90 ml/day)                     |
| METHADONE HCL 5 MG/5ML<br>SOLUTION  | Tier 1           | PA, QLC (180 ml/day)                    |
| <i>methadone hcl conc 10 mg/ml</i>  | Tier 1           | PA, QLC (18 ml/day)                     |
| methadone hcl conc 10 mg/ml<br>(Methadone Hcl Intenso)  | Tier 1           | PA, QLC (18 ml/day)                     |
| <i>methadone hcl soln 10 mg/5ml</i>   | Tier 1           | PA, QLC (90 ml/day)                     |
| <i>methadone hcl soln 5 mg/5ml mg/ml</i>  | Tier 1           | PA, QLC (180 ml/day)                    |
| <i>methadone hcl tab 10 mg</i>  | Tier 1           | PA, QLC (18 tabs/day)                   |
| <i>methadone hcl tab 5 mg</i>   | Tier 1           | PA, QLC (36 tabs/day)                   |
| <i>methadone hcl tab for oral susp 40 mg</i>  | Tier 1           | PA, QLC (5 tabs/day)                    |
| methadone hcl tab for oral susp 40 mg<br>(Methadose)  | Tier 1           | PA, QLC (5 tabs/day)                    |
| METHADOSE ( <i>methadone hcl</i> ) 10<br>MG/ML CONC   | Tier 3           | PA, QLC (18 ml/day)                     |
| METHADOSE SUGAR-FREE ( <i>methadone<br/>hcl</i> ) -10 MG/ML CONC  | Tier 3           | PA, QLC (18 ml/day)                     |
| <i>morphine sulfate cap er 24hr 10 mg</i><br>(MORPHINE SULFATE ER)  | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>morphine sulfate cap er 24hr 100 mg</i><br>(MORPHINE SULFATE ER)   | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>morphine sulfate cap er 24hr 20 mg</i><br>(MORPHINE SULFATE ER)  | Tier 1           | PA, QLC (4 caps/day)                    |
| <i>morphine sulfate cap er 24hr 30 mg</i><br>(MORPHINE SULFATE ER)  | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>morphine sulfate cap er 24hr 50 mg</i><br>(MORPHINE SULFATE ER)  | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>morphine sulfate cap er 24hr 60 mg</i><br>(MORPHINE SULFATE ER)  | Tier 1           | PA, QLC (3 caps/day)                    |
| <i>morphine sulfate cap er 24hr 80 mg</i><br>(MORPHINE SULFATE ER)  | Tier 1           | PA, QLC (3 caps/day)                    |

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|---|------------------|---|
| MORPHINE SULFATE ER 20 MG CAP 24H   | Tier 1           | PA, QLC (4 caps/day)                    |
| MORPHINE SULFATE ER 40 MG CAP 24H   | Tier 1           | PA, QLC (2 caps/day)                    |
| MORPHINE SULFATE ER BEADS ( <i>morphine sulfate beads</i> ) ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H | Tier 1           | PA, QLC (1 cap/day)                     |
| MORPHINE SULFATE ER ER 10 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 50 MG CAP ER 24H, ER 100 MG CAP ER 24H   | Tier 1           | PA, QLC (2 caps/day)                    |
| MORPHINE SULFATE ER ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H  | Tier 1           | PA, QLC (3 caps/day)                    |
| <i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)   | Tier 1           | QLC (3 tabs/day)                        |
| <i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)  | Tier 1           | QLC (6 tabs/day)                        |
| <i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)   | Tier 1           | QLC (3 tabs/day)                        |
| <i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)  | Tier 1           | QLC (6 tabs/day)                        |
| <i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)  | Tier 1           | QLC (5 tabs/day)                        |
| MS CONTIN ( <i>morphine sulfate</i> ) 100 MG TAB ER, 200 MG TAB ER  | Tier 3           | QLC (3 tabs/day)                        |
| MS CONTIN ( <i>morphine sulfate</i> ) 15 MG TAB ER, 30 MG TAB ER  | Tier 3           | QLC (6 tabs/day)                        |
| MS CONTIN ( <i>morphine sulfate</i> ) 60 MG TAB ER  | Tier 3           | QLC (5 tabs/day)                        |
| NUCYNTA ER ( <i>tapentadol hcl</i> ) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H  | Tier 3           | PA, QLC (2 tabs/day)                    |
| OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER  | Tier 1           | PA, QLC (2 tabs/day)                    |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| OXYCONTIN ( <i>oxycodone hcl</i> ) 10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER           | Tier 3           | PA, QLC (2 tabs/day)                    |
| OXYMORPHONE HCL ER 40 MG TAB 12H  | Tier 1           | PA, QLC (4 tabs/day)                    |
| OXYMORPHONE HCL ER ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H                           | Tier 1           | PA, QLC (2 tabs/day)                    |
| TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H  | Tier 1           | PA, QLC (1 tab/day)                     |
| TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H  | Tier 1           | PA, QLC (1 cap/day)                     |
| <i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)  | Tier 1           | QLC (3 tabs/day)                        |
| <i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)  | Tier 1           | QLC (1 tab/day)                         |
| <i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)  | Tier 1           | QLC (1 tab/day)                         |
| <i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC))  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL (ER BIPHASIC))  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL (ER BIPHASIC))  | Tier 1           | PA, QLC (1 tab/day)                     |
| XTAMPZA ER ( <i>oxycodone</i> ) ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER                                  | Tier 3           | PA, QLC (2 caps/day)                    |
| ZOHYDRO ER ( <i>hydrocodone bitartrate</i> ) ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H | Tier 3           | PA, QLC (2 caps/day)                    |

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Therapy



| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)

|  |        |   |
|--|--------|---|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE)<br>0  | Tier 1 | QLC (90 ml/day; max 1350 ml/month)                    |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)  | Tier 1 | QLC (12 tabs/day; max 180 tabs/month)                 |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)  | Tier 1 | QLC (12 tabs/day; max 180 tabs/month)                 |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)  | Tier 1 | QLC (6 tabs/day; max 90 tabs/month)                   |
| ACETAMINOPHEN-CODEINE ( <i>acetaminophen w/ codeine</i> ) -120-12 MG/5ML SOLUTION, -300-30 MG/12.5ML SOLUTION  | Tier 1 | QLC (90 ml/day; max 1350 ml/month)                    |
| ACTIQ ( <i>fentanyl citrate</i> ) 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE | Tier 3 | PA, QLC (4 lozenges/day; max 56 lozenges/month)       |
| APADAZ ( <i>benzhydrocodone hcl-acetaminophen</i> ) 4.08-325 MG TAB, 6.12-325 MG TAB   | Tier 3 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| APADAZ ( <i>benzhydrocodone hcl-acetaminophen</i> ) 8.16-325 MG TAB  | Tier 3 | PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)  |
| APAP-CAFF-DIHYDROCODEINE ( <i>acetaminophen-caff-dihydrocod</i> ) -- 320.5-30-16 MG CAP  | Tier 1 | PA, QLC (10 caps/day; max 140 caps/30 days)           |
| APAP-CAFF-DIHYDROCODEINE ( <i>acetaminophen-caff-dihydrocod</i> ) -- 325-30-16 MG TAB  | Tier 1 | PA, QLC (10 caps/day; max 150 caps/30 days)           |
| BENZHYDROCODONE-ACETAMINOPHEN ( <i>benzhydrocodone hcl-acetaminophen</i> ) -4.08-325 MG TAB, -6.12-325 MG TAB  | Tier 1 | PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days) |
| BENZHYDROCODONE-ACETAMINOPHEN ( <i>benzhydrocodone hcl-acetaminophen</i> ) -8.16-325 MG TAB  | Tier 1 | PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)  |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)   | Tier 1 | PA, QLC (6 caps/day; max 90 caps/30 days)             |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)   | Tier 1 | QLC (6 caps/day; max 90 caps/30 days)                 |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|---|------------------|---|
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)   | Tier 1           | QLC (6 caps/day; max 90 caps/30 days)           |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)   | Tier 1           | QLC (6 caps/day; max 90 caps/30 days)           |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>   | Tier 1           | QLC (4 canisters/month at 2 canisters/fill)     |
| CARISOPRODOL-ASPIRIN-CODEINE ( <i>carisoprodol w/ aspirin &amp; codeine</i> ) -- 200-325-16 MG TAB  | Tier 1           | AL1 (Up to 64 yrs old), QLC (8 tabs/day)        |
| CODEINE SULFATE 15 MG TAB   | Tier 1           | QLC (24 tabs/day; max 360 tabs/month)           |
| CODEINE SULFATE 30 MG TAB   | Tier 1           | QLC (12 tabs/day; max 180 tabs/month)           |
| CODEINE SULFATE 60 MG TAB   | Tier 1           | QLC (6 tabs/day; max 90 tabs/month)             |
| <i>codeine sulfate tab 30 mg</i>  | Tier 1           | QLC (12 tabs/day; max 180 tabs/month)           |
| DILAUDID ( <i>hydromorphone hcl</i> ) 1 MG/ML LIQUID  | Tier 3           | QLC (4 ml/day; max 60 ml/month)                 |
| DILAUDID ( <i>hydromorphone hcl</i> ) 2 MG TAB  | Tier 3           | QLC (11 tabs/day; max 165 tabs/month)           |
| DILAUDID ( <i>hydromorphone hcl</i> ) 4 MG TAB  | Tier 3           | QLC (6 tabs/day; max 90 tabs/month)             |
| DILAUDID ( <i>hydromorphone hcl</i> ) 8 MG TAB  | Tier 3           | QLC (3 tabs/day; max 45 tabs/month)             |
| FENTANYL CITRATE 100 MCG TAB  | Tier 3           | PA, QLC (4 tabs/day; max 56 tabs/month)         |
| FENTANYL CITRATE 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| FENTANYL CITRATE 200 MCG TAB  | Tier 3           | PA, QLC (3 tabs/day; max 42 tabs/month)         |
| FENTANYL CITRATE 400 MCG TAB  | Tier 3           | PA, QLC (2 tabs/day; max 28 tabs/month)         |
| FENTANYL CITRATE 600 MCG TAB  | Tier 3           | PA, QLC (1 tab/day; max 14 tabs/month)          |
| FENTANYL CITRATE 800 MCG TAB  | Tier 3           | PA, QLC (1 tab/day; max 14 tabs/month)          |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|--|------------------|---|
| <i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>                    | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>                    | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>                     | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>                     | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>                     | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| <i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</i>                     | Tier 1           | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| FENTORA ( <i>fentanyl citrate</i> ) 100 MCG TAB  | Tier 3           | PA, QLC (4 tabs/day; max 56 tabs/month)         |
| FENTORA ( <i>fentanyl citrate</i> ) 200 MCG TAB  | Tier 3           | PA, QLC (3 tabs/day; max 42 tabs/month)         |
| FENTORA ( <i>fentanyl citrate</i> ) 400 MCG TAB  | Tier 3           | PA, QLC (2 tabs/day; max 28 tabs/month)         |
| FENTORA ( <i>fentanyl citrate</i> ) 600 MCG TAB  | Tier 3           | PA, QLC (1 tab/day; max 14 tabs/month)          |
| FENTORA ( <i>fentanyl citrate</i> ) 800 MCG TAB  | Tier 3           | PA, QLC (1 tab/day; max 14 tabs/month)          |
| FIORICET/CODEINE ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> ) 50-300-40-30 MG CAP | Tier 3           | PA, QLC (6 caps/day; max 90 caps/30 days)       |
| HYDROCODONE-ACETAMINOPHEN - 10-325 MG/15ML SOLUTION  | Tier 1           | PA, QLC (90 ml/day; max 1350 ml/month)          |
| HYDROCODONE-ACETAMINOPHEN - 2.5-325 MG TAB   | Tier 1           | QLC (8 tabs/day, max 120 tabs/30 days)          |
| <i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>   | Tier 1           | PA, QLC (90 ml/day; max 1350 ml/month)          |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>  | Tier 1           | QLC (90 ml/day; max 1350 ml/30 days)            |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i>   | Tier 1           | PA, QLC (6 tabs/day; max 90 tabs/30 days)       |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>   | Tier 1           | QLC (6 tabs/day; max 90 tabs/30 days)           |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i>  | Tier 1           | PA, QLC (8 tabs/day; max 120 tabs/30 days)      |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                       |
|--|------------------|---|
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                                  | Tier 1           | QLC (8 tabs/day; max 120 tabs/30 days)                        |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i>                                | Tier 1           | PA, QLC (6 tabs/day; max 90 tabs/30 days)                     |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                                | Tier 1           | QLC (6 tabs/day; max 90 tabs/30 days)                         |
| HYDROCODONE-IBUPROFEN -10-200 MG TAB   | Tier 1           | QLC (5 tabs/day; max 75 tabs/month)                           |
| HYDROCODONE-IBUPROFEN -5-200 MG TAB  | Tier 1           | QLC (8 tabs/day; max 120 tabs/month)                          |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>                                     | Tier 1           | QLC (5 tabs/day; max 75 tabs/month)                           |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>                                      | Tier 1           | QLC (8 tabs/day; max 120 tabs/month)                          |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>                                    | Tier 1           | QLC (5 tabs/day; max 75 tabs/month)                           |
| HYDROMORPHINE HCL 3 MG SUPPOS  | Tier 1           | QLC (8 suppositories/day; max 120 suppositories/month)        |
| <i>hydromorphone hcl liqd 1 mg/ml</i>  | Tier 1           | QLC (4 ml/day; max 60 ml/month)                               |
| <i>hydromorphone hcl tab 2 mg</i>  | Tier 1           | QLC (11 tabs/day; max 165 tabs/month)                         |
| <i>hydromorphone hcl tab 4 mg</i>  | Tier 1           | QLC (6 tabs/day; max 90 tabs/month)                           |
| <i>hydromorphone hcl tab 8 mg</i>  | Tier 1           | QLC (3 tabs/day; max 45 tabs/month)                           |
| LAZANDA ( <i>fentanyl citrate</i> ) 100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION | Tier 3           | PA, QLC (14 bottles/month)                                    |
| LORTAB ( <i>hydrocodone-acetaminophen</i> ) 10-300 MG/15ML ELIXIR              | Tier 3           | QLC (70 ml/day; max 1050 ml/month)                            |
| MEPERIDINE HCL 50 MG/5ML SOLUTION  | Tier 1           | AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1350 ml/month)    |
| <i>meperidine hcl tab 50 mg</i>  | Tier 1           | AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month) |
| MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION                             | Tier 1           | QLC (5ml/day; max 75 ml/month)                                |
| MORPHINE SULFATE 10 MG SUPPOS  | Tier 1           | QLC (9 suppositories/day; max 135 suppositories/month)        |
| MORPHINE SULFATE 10 MG/5ML SOLUTION  | Tier 1           | QLC (45 ml/day; max 675 ml/month)                             |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                 |
|--|------------------|---|
| MORPHINE SULFATE 15 MG TAB   | Tier 1           | QLC (6 tabs/day; max 90 tabs/month)                     |
| MORPHINE SULFATE 20 MG SUPPOS  | Tier 1           | QLC (5 suppositories/day; max 75 suppositories/month)   |
| MORPHINE SULFATE 20 MG/5ML SOLUTION  | Tier 1           | QLC (25 ml/day; max 375 ml/month)                       |
| MORPHINE SULFATE 30 MG SUPPOS  | Tier 1           | QLC (3 suppositories/day; max 45 suppositories/month)   |
| MORPHINE SULFATE 30 MG TAB   | Tier 1           | QLC (3 tabs/day; max 45 tabs/month)                     |
| MORPHINE SULFATE 5 MG SUPPOS   | Tier 1           | QLC (12 suppositories/day; max 180 suppositories/month) |
| <i>morphine sulfate oral soln 10 mg/5ml</i>  | Tier 1           | QLC (45 ml/day; max 675 ml/month)                       |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))</i> | Tier 1           | QLC (5ml/day; max 75 ml/month)                          |
| <i>morphine sulfate oral soln 20 mg/5ml</i>  | Tier 1           | QLC (25 ml/day; max 375 ml/month)                       |
| <i>morphine sulfate tab 15 mg</i>  | Tier 1           | QLC (6 tabs/day; max 90 tabs/month)                     |
| <i>morphine sulfate tab 30 mg</i>  | Tier 1           | QLC (3 tabs/day; max 45 tabs/month)                     |
| NALOCET ( <i>oxycodone w/ acetaminophen</i> ) 2.5-300 MG TAB                             | Tier 1           | PA, QLC (12 tabs/day; not to exceed 180 tabs/month)     |
| NUCYNTA ( <i>tapentadol hcl</i> ) 50 MG TAB  | Tier 3           | PA, QLC (5 tabs/day; max 75 tabs/month)                 |
| NUCYNTA ( <i>tapentadol hcl</i> ) 75 MG TAB, 100 MG TAB                                  | Tier 3           | PA, QLC (4 tabs/day; max 60 tabs/month)                 |
| OXAYDO ( <i>oxycodone hcl</i> ) 5 MG TAB   | Tier 3           | PA, QLC (12 tabs/day; max 180 tabs/month)               |
| OXAYDO ( <i>oxycodone hcl</i> ) 7.5 MG TAB   | Tier 3           | PA, QLC (8 tabs/day; max 120 tabs/month)                |
| <i>oxycodone hcl cap 5 mg</i>  | Tier 1           | QLC (12 caps/day; max 180 caps/month)                   |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>  | Tier 1           | QLC (3 ml/day; max 45 ml/month)                         |
| <i>oxycodone hcl soln 5 mg/5ml mg/ml</i>   | Tier 1           | QLC (60 ml/day; max 900 ml/month)                       |
| <i>oxycodone hcl tab 10 mg</i>   | Tier 1           | QLC (84 tabs/month)                                     |

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|--|------------------|---|
| <i>oxycodone hcl tab 15 mg</i>   | Tier 1           | QLC (4 tabs/day; max 60 tabs/month)                 |
| <i>oxycodone hcl tab 20 mg</i>   | Tier 1           | QLC (3 tabs/day; max 45 tabs/month)                 |
| <i>oxycodone hcl tab 30 mg</i>   | Tier 1           | QLC (2 tabs/day; max 30 tabs/month)                 |
| <i>oxycodone hcl tab 5 mg</i>  | Tier 1           | QLC (12 tabs/day; max 180 tabs/month)               |
| oxycodone w/ acetaminophen tab 10-325 mg (Endocet)   | Tier 1           | QLC (6 tabs/day; max 90 tabs/30 days)               |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)                    | Tier 1           | QLC (6 tabs/day; max 90 tabs/30 days)               |
| oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)  | Tier 1           | QLC (12 tabs/day; not to exceed 180 tabs/month)     |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)                   | Tier 1           | QLC (12 tabs/day; not to exceed 180 tabs/month)     |
| oxycodone w/ acetaminophen tab 5-325 mg (Endocet)  | Tier 1           | QLC (12 tabs/day; not to exceed 180 tabs/month)     |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)                     | Tier 1           | QLC (12 tabs/day; not to exceed 180 tabs/month)     |
| oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)  | Tier 1           | QLC (8 tabs/day; max 120 tabs/30 days)              |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)                   | Tier 1           | QLC (8 tabs/day; max 120 tabs/30 days)              |
| OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) -10-300 MG TAB                 | Tier 1           | PA, QLC (6 tabs/day; max 90 tabs/30 days)           |
| OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) -10-300 MG/5ML SOLUTION        | Tier 3           | PA, QLC (30 ml/day; max 450 ml/30 days)             |
| OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) -2.5-300 MG TAB, -5-300 MG TAB | Tier 1           | PA, QLC (12 tabs/day; not to exceed 180 tabs/month) |
| OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) -5-325 MG/5ML SOLUTION         | Tier 1           | QLC (840 ml/month)                                  |
| OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) -7.5-300 MG TAB                | Tier 1           | PA, QLC (8 tabs/day; max 120 tabs/30 days)          |

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|---|------------------|---|
| OXYCODONE-ASPIRIN -4.8355-325 MG TAB  | Tier 1           | QLC (12 tabs/day; max 180 tabs/month)               |
| <i>oxymorphone hcl tab 10 mg</i>  | Tier 1           | PA, QLC (4 tabs/day; max 60 tabs/month)             |
| <i>oxymorphone hcl tab 5 mg</i>   | Tier 1           | PA, QLC (6 tabs/day; max 90 tabs/month)             |
| <i>pentazocine w/ naloxone tab 50-0.5 mg</i><br>(PENTAZOCINE-NALOXONE HCL)  | Tier 1           | AL1 (Up to 64 yrs old), QLC (12 tabs/day)           |
| PERCOCET ( <i>oxycodone w/ acetaminophen</i> ) 10-325 MG TAB                | Tier 3           | QLC (6 tabs/day; max 90 tabs/30 days)               |
| PERCOCET ( <i>oxycodone w/ acetaminophen</i> ) 2.5-325 MG TAB, 5-325 MG TAB | Tier 3           | QLC (12 tabs/day; not to exceed 180 tabs/month)     |
| PERCOCET ( <i>oxycodone w/ acetaminophen</i> ) 7.5-325 MG TAB               | Tier 3           | QLC (8 tabs/day; max 120 tabs/30 days)              |
| PROLATE ( <i>oxycodone w/ acetaminophen</i> ) 10-300 MG TAB                 | Tier 1           | PA, QLC (6 tabs/day; max 90 tabs/30 days)           |
| PROLATE ( <i>oxycodone w/ acetaminophen</i> ) 10-300 MG/5ML SOLUTION        | Tier 3           | PA, QLC (30 ml/day; max 450 ml/30 days)             |
| PROLATE ( <i>oxycodone w/ acetaminophen</i> ) 5-300 MG TAB                  | Tier 1           | PA, QLC (12 tabs/day; not to exceed 180 tabs/month) |
| PROLATE ( <i>oxycodone w/ acetaminophen</i> ) 7.5-300 MG TAB                | Tier 1           | PA, QLC (8 tabs/day; max 120 tabs/30 days)          |
| QDOLO ( <i>tramadol hcl</i> ) 5 MG/ML SOLUTION                              | Tier 3           | PA, QLC (80 ml/day)                                 |
| ROXICODONE ( <i>oxycodone hcl</i> ) 15 MG TAB                               | Tier 3           | QLC (4 tabs/day; max 60 tabs/month)                 |
| ROXICODONE ( <i>oxycodone hcl</i> ) 30 MG TAB                               | Tier 3           | QLC (2 tabs/day; max 30 tabs/month)                 |
| ROXICODONE ( <i>oxycodone hcl</i> ) 5 MG TAB                                | Tier 3           | QLC (12 tabs/day; max 180 tabs/month)               |
| ROXYBOND ( <i>oxycodone hcl</i> ) 10 MG TAB DETER                           | Tier 3           | PA, QLC (6 tabs/day; max 90 tabs/30 days)           |
| ROXYBOND ( <i>oxycodone hcl</i> ) 15 MG TAB DETER                           | Tier 3           | PA, QLC (4 tabs/day; max 60 tabs/month)             |
| ROXYBOND ( <i>oxycodone hcl</i> ) 30 MG TAB DETER                           | Tier 3           | PA, QLC (28 tabs/month, not to exceed 2 tabs/day)   |
| ROXYBOND ( <i>oxycodone hcl</i> ) 5 MG TAB DETER                            | Tier 3           | PA, QLC (12 tabs/day; max 180 tabs/30 days)         |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|---|------------------|---|
| SEGLENTIS ( <i>celecoxib-tramadol hcl</i> ) 56-44 MG TAB  | Tier 3           | PA, QLC (4 tabs/day; max 56 tabs/30 days)   |
| SUBSYS ( <i>fentanyl</i> ) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID | Tier 3           | PA, QLC (4 doses/day; max 56 doses/month)   |
| SUBSYS ( <i>fentanyl</i> ) 200 MCG LIQUID   | Tier 3           | PA, QLC (3 doses/day; max 42 doses/month)   |
| SUBSYS ( <i>fentanyl</i> ) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID                       | Tier 3           | PA, QLC (1 dose/day; max 14 doses/month)    |
| TRAMADOL HCL 25 MG TAB, 75 MG TAB   | Tier 1           | PA, QLC (4 tabs/day)                        |
| TRAMADOL HCL 5 MG/ML SOLUTION   | Tier 3           | PA, QLC (80 ml/day)                         |
| <i>tramadol hcl tab 100 mg</i>  | Tier 1           | QLC (4 tabs/day)                            |
| <i>tramadol hcl tab 50 mg</i>   | Tier 1           | QLC (8 tabs/day)                            |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>   | Tier 1           | QLC (8 tabs/day; max 112 tabs/30 days)      |
| TREZIX ( <i>acetaminophen-caff-dihydrocod</i> ) 320.5-30-16 MG CAP                              | Tier 3           | PA, QLC (10 caps/day; max 140 caps/30 days) |
| ULTRACET ( <i>tramadol-acetaminophen</i> ) 37.5-325 MG TAB                                      | Tier 3           | QLC (8 tabs/day; max 112 tabs/30 days)      |
| ULTRAM ( <i>tramadol hcl</i> ) 50 MG TAB  | Tier 3           | QLC (8 tabs/day)                            |

## **ANESTHETICS (Drugs for Numbing)**

### **LOCAL ANESTHETICS (Skin Numbing Drugs)**

|   |        |                        |
|---|--------|------------------------|
| <i>lidocaine hcl soln 4%</i>                                    | Tier 1 |                        |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2% GEL                           | Tier 1 |                        |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>  | Tier 1 |                        |
| lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo) | Tier 1 |                        |
| <i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)    | Tier 1 |                        |
| <i>lidocaine oint 5%</i>  | Tier 1 | QLC (50 gm/month)      |
| <i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)                    | Tier 1 | QLC (50 gm/month)      |
| <i>lidocaine patch 5%</i>                                       | Tier 1 | QLC (90 patches/month) |

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| <b>PRESCRIPTION DRUG NAME</b>                         | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>lidocaine patch 5%</i> (LIDOCAN)                   | Tier 1           | QLC (90 patches/month)                  |
| lidocaine patch 5% (Lidocan)                          | Tier 1           | QLC (90 patches/month)                  |
| lidocaine patch 5% (Tridacaine li)                    | Tier 1           | QLC (90 patches/month)                  |
| lidocaine patch 5% (Tridacaine lii)                   | Tier 1           | QLC (90 patches/month)                  |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>            | Tier 1           | QLC (30 gm/month)                       |
| LIDODERM ( <i>lidocaine</i> ) 5 % PATCH               | Tier 3           | QLC (90 patches/month)                  |
| SYNERA ( <i>lidocaine-tetracaine</i> ) 70-70 MG PATCH | Tier 3           | PA, QLC (1 patch/month)                 |
| ZTLIDO ( <i>lidocaine</i> ) 1.8 % PATCH               | Tier 3           | PA, QLC (3 patches/day)                 |

### **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)**

### **ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)**

|   |        |  |
|---|--------|--|
| <i>acamprosate calcium tab delayed release 333 mg</i> | Tier 1 |  |
| <i>disulfiram tab 250 mg</i>                          | Tier 1 |  |
| <i>disulfiram tab 500 mg</i>                          | Tier 1 |  |

### **OPIOID DEPENDENCE (Drugs for Opioid Dependence)**

|  |        |                       |
|--|--------|-----------------------|
| BELBUCA ( <i>buprenorphine hcl</i> ) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM | Tier 3 | PA, QLC (2 films/day) |
| BUNAVAIL ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 2.1-0.3 MG FILM   | Tier 3 | QLC (1 film/day)      |
| BUNAVAIL ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 4.2-0.7 MG FILM, 6.3-1 MG FILM  | Tier 3 | QLC (2 films/day)     |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>  | Tier 1 | QLC (12 tabs/day)     |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>  | Tier 1 | QLC (3 tabs/day)      |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>   | Tier 1 | QLC (2 films/day)     |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>  | Tier 1 | QLC (5 films/day)     |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>  | Tier 1 | QLC (5 films/day)     |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                |
|---|------------------|--|
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | Tier 1           | QLC (3 films/day)                                      |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | Tier 1           | QLC (12 tabs/day)                                      |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>  | Tier 1           | QLC (3 tabs/day)                                       |
| <i>lofexidine hcl tab 0.18 mg (base equivalent)</i>   | Tier 1           | PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months) |
| LUCEMYRA ( <i>lofexidine hcl</i> ) 0.18 MG TAB  | Tier 3           | PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months) |
| SUBOXONE ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 12-3 MG FILM   | Tier 3           | QLC (2 films/day)                                      |
| SUBOXONE ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 2-0.5 MG FILM, 4-1 MG FILM                               | Tier 3           | QLC (5 films/day)                                      |
| SUBOXONE ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 8-2 MG FILM  | Tier 3           | QLC (3 films/day)                                      |
| ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB | Tier 3           | QLC (3 tabs/day)                                       |
| ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB                    | Tier 3           | QLC (1 tab/day)  |
| ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 8.6-2.1 MG SL TAB   | Tier 3           | QLC (2 tabs/day)                                       |
| <b>OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)</b>   |                  |  |
| KLOXXADO ( <i>naloxone hcl</i> ) 8 MG/0.1ML LIQUID  | Tier 3           | PA, QLC (2 nasal sprays/30 days)                       |
| NALOXONE HCL 0.4 MG/ML SOLN PRSYR   | Tier 1           | QLC (2 syringes/30 days)                               |
| <i>naloxone hcl inj 0.4 mg/ml</i>   | Tier 1           | QLC (two 1 ml vials/month)                             |
| <i>naloxone hcl inj 4 mg/10ml</i>   | Tier 1           | QLC (two 1 ml vials/month)                             |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i>  | Tier 1           | QLC (2 doses/month)                                    |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>   | Tier 1           | QLC (2 syringes/month)                                 |
| <i>naltrexone hcl tab 50 mg</i>   | Tier 1           |  |
| NARCAN ( <i>naloxone hcl</i> ) 4 MG/0.1ML LIQUID  | Tier 3           | QLC (2 doses/month)                                    |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                     |
|---|------------------|---|
| ZIMHI ( <i>naloxone hcl</i> ) 5 MG/0.5ML SOLN PRSYR   | Tier 3           | PA, QLC (2 syringes/30 days)                                |
| <b>SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)</b>  |                  |   |
| APO-VARENICLINE ( <i>varenicline tartrate</i> ) -0.5 MG TAB, -1 MG TAB                                  | Tier 2           | ACA (Preventive Health), QLC (2 tabs/day)                   |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))            | Tier 1           | ACA (Preventive Health), QLC (3 tabs/day)                   |
| CHANTIX ( <i>varenicline tartrate</i> ) 0.5 MG TAB, 1 MG TAB  | Tier 3           | ACA (Preventive Health), QLC (2 tabs/day)                   |
| CHANTIX CONTINUING MONTH PAK ( <i>varenicline tartrate</i> ) 1 MG TAB                                   | Tier 3           | ACA (Preventive Health), QLC (2 tabs/day)                   |
| CHANTIX STARTING MONTH PAK ( <i>varenicline tartrate</i> ) 0.5 MG 11 & 1 MG 42 TAB THPK                 | Tier 3           | ACA (Preventive Health), QLC (1 starting month box/28 days) |
| NICOTROL ( <i>nicotine</i> ) 10 MG INHALER  | Tier 2           | ACA (Preventive Health), QLC (16 cartridges/day)            |
| NICOTROL NS ( <i>nicotine</i> ) 10 MG/ML SOLUTION   | Tier 2           | ACA (Preventive Health), QLC (2 ml/day)                     |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i>   | Tier 1           | ACA (Preventive Health), QLC (2 tabs/day)                   |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>   | Tier 1           | ACA (Preventive Health), QLC (2 tabs/day)                   |
| <i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE))                      | Tier 1           | ACA (Preventive Health), QLC (2 tabs/day)                   |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> (VARENICLINE TARTRATE (STARTER)) | Tier 1           | ACA (Preventive Health), QLC (1 starting month box/28 days) |

## **ANTIBACTERIALS (Drugs for Bacterial Infections)**

### **AMINOGLYCOSIDES**

|   |        |                          |
|---|--------|--------------------------|
| ARIKAYCE ( <i>amikacin sulfate liposome</i> ) 590 MG/8.4ML SUSPENSION | Tier 4 | PA, LA, QLC (1 vial/day) |
| <i>gentamicin sulfate cream 0.1%</i>                                  | Tier 1 |                          |
| <i>gentamicin sulfate oint 0.1%</i>                                   | Tier 1 |                          |
| HUMATIN ( <i>paromomycin sulfate</i> ) 250 MG CAP                     | Tier 3 | PA                       |
| <i>neomycin sulfate tab 500 mg</i>                                    | Tier 1 |                          |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>          |
|---|------------------|--|
| <i>paromomycin sulfate cap 250 mg</i>   | Tier 1           | PA   |
| <b>ANTIBACTERIALS, OTHER</b>  |                  |  |
| CAYSTON ( <i>aztreonam lysine</i> ) 75 MG RECON SOLN                                | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 box/2 months) |
| CLEOCIN ( <i>clindamycin hcl</i> ) 75 MG CAP, 150 MG CAP, 300 MG CAP                | Tier 3           |  |
| CLEOCIN ( <i>clindamycin palmitate hydrochloride</i> ) 75 MG/5ML RECON SOLN         | Tier 3           |  |
| CLEOCIN ( <i>clindamycin phosphate vaginal</i> ) 100 MG SUPPOS                      | Tier 2           | QLC (3 suppositories/30 days)                    |
| CLEOCIN ( <i>clindamycin phosphate vaginal</i> ) 2 % CREAM                          | Tier 3           |  |
| <i>clindamycin hcl cap 150 mg</i>   | Tier 1           |  |
| <i>clindamycin hcl cap 300 mg</i>   | Tier 1           |  |
| <i>clindamycin hcl cap 75 mg</i>  | Tier 1           |  |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>                    | Tier 1           |  |
| <i>clindamycin phosphate vaginal cream 2%</i>                                       | Tier 1           |  |
| CLINDESSE ( <i>clindamycin phosphate (one dose)</i> ) 2 % CREAM                     | Tier 2           |  |
| FIRVANQ ( <i>vancomycin hcl</i> ) 25 MG/ML RECON SOLN                               | Tier 3           | PA, QLC (300 ml/month)                           |
| FIRVANQ ( <i>vancomycin hcl</i> ) 50 MG/ML RECON SOLN                               | Tier 3           | PA, QLC (450 ml/30 days)                         |
| FLAGYL ( <i>metronidazole</i> ) 375 MG CAP, 500 MG TAB                              | Tier 3           |  |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>                     | Tier 1           | QLC (1 packet/30 days)                           |
| HIPREX ( <i>methenamine hippurate</i> ) 1 GM TAB                                    | Tier 3           |  |
| <i>linezolid for susp 100 mg/5ml</i>  | Tier 1           | PA   |
| <i>linezolid tab 600 mg</i>   | Tier 1           | PA   |
| MACROBID ( <i>nitrofurantoin monohyd macro</i> ) 100 MG CAP                         | Tier 3           |  |
| MACRODANTIN ( <i>nitrofurantoin macrocrystal</i> ) 25 MG CAP, 50 MG CAP, 100 MG CAP | Tier 3           |  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>methenamine hippurate tab 1 gm</i>  | Tier 1           |   |
| METROCREAM ( <i>metronidazole (topical)</i> )<br>METRO0.75 %                                       | Tier 3           |   |
| METROGEL ( <i>metronidazole (topical)</i> ) 1 %  | Tier 3           |   |
| METROLOTION ( <i>metronidazole (topical)</i> )<br>0.75 %   | Tier 3           |   |
| METRONIDAZOLE 125 MG TAB   | Tier 1           | PA, QLC (4 tabs/day)                    |
| <i>metronidazole cap 375 mg</i>  | Tier 1           |   |
| <i>metronidazole cream 0.75%</i>   | Tier 1           |   |
| metronidazole cream 0.75% (Rosadan)  | Tier 1           |   |
| <i>metronidazole gel 0.75%</i>   | Tier 1           |   |
| metronidazole gel 0.75% (Rosadan)  | Tier 1           |   |
| <i>metronidazole gel 1%</i>  | Tier 1           |   |
| <i>metronidazole lotion 0.75%</i>  | Tier 1           |   |
| <i>metronidazole tab 250 mg</i>  | Tier 1           |   |
| <i>metronidazole tab 500 mg</i>  | Tier 1           |   |
| <i>metronidazole vaginal gel 0.75%</i>   | Tier 1           |   |
| MONUROL ( <i>fosfomycin tromethamine</i> )<br>3 GM PACKET  | Tier 3           | QLC (1 packet/30 days)                  |
| NEOMYCIN-POLYMYXIN B GU<br>( <i>neomycin/polymyxin b gu</i> ) -40-<br>200000 SOLUTION              | Tier 1           | PA, QLC (1 ml/day)                      |
| NITROFURANTOIN 50 MG/5ML<br>SUSPENSION   | Tier 3           | PA, QLC (180 ml/30 days)                |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>  | Tier 1           |   |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>   | Tier 1           |   |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>   | Tier 1           |   |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i><br>(NITROFURANTOIN MONOHYD<br>MACRO) | Tier 1           |   |
| <i>nitrofurantoin susp 25 mg/5ml</i>   | Tier 1           |   |
| NORITATE ( <i>metronidazole (topical)</i> ) 1 %<br>CREAM   | Tier 3           | PA                                      |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                                  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| NUVESSA ( <i>metronidazole vaginal</i> ) 1.3 % GEL             | Tier 3           | QLC (2 tubes/month)                     |
| PRIMSOL ( <i>trimethoprim hcl</i> ) 50 MG/5ML SOLUTION         | Tier 3           |   |
| SIVEXTRO ( <i>tedizolid phosphate</i> ) 200 MG TAB             | Tier 3           | PA, QLC (6 tabs/month)                  |
| SOLOSEC ( <i>secnidazole</i> ) 2 GM PACKET                     | Tier 3           | PA, QLC (1 pack/month)                  |
| <i>tinidazole tab 250 mg</i>                                   | Tier 1           | QLC (40 tabs/fill)                      |
| <i>tinidazole tab 500 mg</i>                                   | Tier 1           | QLC (20 tabs/fill)                      |
| TRIMETHOPRIM 100 MG TAB  | Tier 1           |   |
| <i>trimethoprim tab 100 mg</i>                                 | Tier 1           |   |
| VANCOGIN ( <i>vancomycin hcl</i> ) 125 MG CAP, 250 MG CAP      | Tier 3           |   |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>             | Tier 1           |   |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>             | Tier 1           |   |
| <i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i> | Tier 1           | PA, QLC (300 ml/month)                  |
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i> | Tier 1           | PA, QLC (450 ml/30 days)                |
| VANDAZOLE ( <i>metronidazole vaginal</i> ) 0.75 % GEL          | Tier 3           |   |
| XACIATO ( <i>clindamycin phosphate vaginal</i> ) 2 % GEL       | Tier 3           | QLC (1 tube (8gm)/ 30 days)             |
| XIFAXAN ( <i>rifaximin</i> ) 200 MG TAB                        | Tier 3           | PA, QLC (8 tabs/day)                    |
| XIFAXAN ( <i>rifaximin</i> ) 550 MG TAB                        | Tier 3           | PA, QLC (3 tabs/day)                    |
| ZYVOX ( <i>linezolid</i> ) 100 MG/5ML RECON SUSP, 600 MG TAB   | Tier 3           | PA                                      |

## **BETA-LACTAM, CEPHALOSPORINS**

|  |        |  |
|--|--------|--|
| CEFACTOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP | Tier 1 |  |
| CEFACTOR ER ( <i>cefaclor monohydrate</i> ) 500 MG TAB 12H   | Tier 1 |  |
| CEFADROXIL 1 GM TAB  | Tier 1 |  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>cefadroxil cap 500 mg</i>   | Tier 1           |   |
| <i>cefadroxil for susp 250 mg/5ml</i>  | Tier 1           |   |
| <i>cefadroxil for susp 500 mg/5ml</i>  | Tier 1           |   |
| <i>cefdinir cap 300 mg</i>   | Tier 1           |   |
| <i>cefdinir for susp 125 mg/5ml</i>  | Tier 1           |   |
| <i>cefdinir for susp 250 mg/5ml</i>  | Tier 1           |   |
| <i>cefixime cap 400 mg</i>   | Tier 1           |   |
| <i>cefixime for susp 100 mg/5ml</i>  | Tier 1           |   |
| <i>cefixime for susp 200 mg/5ml</i>  | Tier 1           |   |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i>  | Tier 1           |   |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>   | Tier 1           |   |
| <i>cefpodoxime proxetil tab 100 mg</i>   | Tier 1           |   |
| <i>cefpodoxime proxetil tab 200 mg</i>   | Tier 1           |   |
| <i>cefprozil for susp 125 mg/5ml</i>   | Tier 1           |   |
| <i>cefprozil for susp 250 mg/5ml</i>   | Tier 1           |   |
| <i>cefprozil tab 250 mg</i>  | Tier 1           |   |
| <i>cefprozil tab 500 mg</i>  | Tier 1           |   |
| <i>cefuroxime axetil tab 250 mg</i>  | Tier 1           |   |
| <i>cefuroxime axetil tab 500 mg</i>  | Tier 1           |   |
| <i>cephalexin cap 250 mg</i>   | Tier 1           |   |
| <i>cephalexin cap 500 mg</i>   | Tier 1           |   |
| <i>cephalexin cap 750 mg</i>   | Tier 1           |   |
| <i>cephalexin for susp 125 mg/5ml</i>  | Tier 1           |   |
| <i>cephalexin for susp 250 mg/5ml</i>  | Tier 1           |   |
| <i>cephalexin tab 250 mg</i>   | Tier 1           |   |
| <i>cephalexin tab 500 mg</i>   | Tier 1           |   |
| SUPRAX ( <i>cefixime</i> ) 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP | Tier 3           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <b>BETA-LACTAM, PENICILLINS</b>   |                  |   |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)                       | Tier 1           |   |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)                       | Tier 1           |   |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)                         | Tier 1           |   |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)                       | Tier 1           |   |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)                                 | Tier 1           |   |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)                                 | Tier 1           |   |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)                                 | Tier 1           | QLC (2 tabs/day)                        |
| <i>amoxicillin (trihydrate) cap 250 mg</i>  | Tier 1           |   |
| <i>amoxicillin (trihydrate) cap 500 mg</i>  | Tier 1           |   |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>   | Tier 1           |   |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>   | Tier 1           |   |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>   | Tier 1           |   |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>   | Tier 1           |   |
| <i>amoxicillin (trihydrate) tab 500 mg</i>  | Tier 1           |   |
| <i>amoxicillin (trihydrate) tab 875 mg</i>  | Tier 1           |   |
| AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB, 400 MG/5ML RECON SUSP   | Tier 1           |   |
| AMOXICILLIN-POT CLAVULANATE ( <i>amoxicillin &amp; pot clavulanate</i> ) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB | Tier 1           |   |
| AMOXICILLIN-POT CLAVULANATE ER ( <i>amoxicillin &amp; pot clavulanate</i> ) -1000-62.5 MG TAB 12H                   | Tier 1           |   |

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|--|------------------|---|
| <i>ampicillin cap 500 mg</i>   | Tier 1           |   |
| AUGMENTIN ( <i>amoxicillin &amp; pot clavulanate</i> ) 125-31.25 MG/5ML RECON SUSP     | Tier 2           |   |
| AUGMENTIN ( <i>amoxicillin &amp; pot clavulanate</i> ) 500-125 MG TAB                  | Tier 3           |   |
| AUGMENTIN ES-600 ( <i>amoxicillin &amp; pot clavulanate</i> ) --42.9 MG/5ML RECON SUSP | Tier 3           |   |
| <i>dicloxacillin sodium cap 250 mg</i>   | Tier 1           |   |
| <i>dicloxacillin sodium cap 500 mg</i>   | Tier 1           |   |
| PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN                    | Tier 1           |   |
| <i>penicillin v potassium tab 250 mg</i>   | Tier 1           |   |
| <i>penicillin v potassium tab 500 mg</i>   | Tier 1           |   |
| <b>MACROLIDES</b>  |                  |   |
| AZITHROMYCIN 1 GM PACKET   | Tier 1           |   |
| <i>azithromycin for susp 100 mg/5ml</i>  | Tier 1           |   |
| <i>azithromycin for susp 200 mg/5ml</i>  | Tier 1           |   |
| <i>azithromycin tab 250 mg</i>   | Tier 1           | QLC (12 tabs/30 days)                   |
| <i>azithromycin tab 500 mg</i>   | Tier 1           |   |
| <i>azithromycin tab 600 mg</i>   | Tier 1           |   |
| CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP                            | Tier 1           |   |
| <i>clarithromycin tab 250 mg</i>   | Tier 1           | QLC (42 tabs/fill)                      |
| <i>clarithromycin tab 500 mg</i>   | Tier 1           | QLC (42 tabs/fill)                      |
| <i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)                           | Tier 1           | QLC (28 tabs/30 days)                   |
| DIFICID ( <i>fidaxomicin</i> ) 200 MG TAB  | Tier 3           | PA, QLC (20 tabs/month)                 |
| DIFICID ( <i>fidaxomicin</i> ) 40 MG/ML RECON SUSP                                     | Tier 3           | PA, QLC (136 ml/30 days)                |
| E.E.S. GRANULES ( <i>erythromycin ethylsuccinate</i> ) 200 MG/5ML RECON SUSP           | Tier 3           | PA                                      |
| ERYPED 200 ( <i>erythromycin ethylsuccinate</i> ) MG/5ML RECON SUSP                    | Tier 3           | PA                                      |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ERYPED 400 ( <i>erythromycin ethylsuccinate</i> ) MG/5ML RECON SUSP                                     | Tier 3           | PA                                      |
| ERYTHROCIN STEARATE ( <i>erythromycin stearate</i> ) 250 MG TAB   | Tier 2           | PA                                      |
| ERYTHROMYCIN BASE 250 MG CP DR PART   | Tier 3           | PA                                      |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>  | Tier 1           | PA                                      |
| <i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>  | Tier 1           | PA                                      |
| <i>erythromycin ethylsuccinate tab 400 mg</i>   | Tier 2           | PA                                      |
| erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)   | Tier 2           | PA                                      |
| <i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)  | Tier 1           |   |
| <i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)  | Tier 1           |   |
| <i>erythromycin tab delayed release 250 mg</i>  | Tier 1           |   |
| erythromycin tab delayed release 250 mg (Ery-Tab)   | Tier 1           |   |
| <i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)                                      | Tier 1           |   |
| <i>erythromycin tab delayed release 333 mg</i>  | Tier 1           |   |
| erythromycin tab delayed release 333 mg (Ery-Tab)   | Tier 1           |   |
| <i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)                                      | Tier 1           |   |
| <i>erythromycin tab delayed release 500 mg</i>  | Tier 1           |   |
| erythromycin tab delayed release 500 mg (Ery-Tab)   | Tier 1           |   |
| <i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)                                      | Tier 1           |   |
| ZITHROMAX ( <i>azithromycin</i> ) 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>                                     | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ZITHROMAX ( <i>azithromycin</i> ) 250 MG TAB                      | Tier 3           | QLC (12 tabs/30 days)                   |
| ZITHROMAX TRI-PAK ( <i>azithromycin</i> ) - 500 MG TAB            | Tier 3           |   |
| ZITHROMAX Z-PAK ( <i>azithromycin</i> ) -250 MG TAB               | Tier 3           | QLC (2 packs(12 tabs)/30 days)          |
| <b>QUINOLONES</b>   |                  |   |
| BAXDELA ( <i>delafloxacin meglumine</i> ) 450 MG TAB              | Tier 3           | PA, QLC (28 tabs/month)                 |
| BESIVANCE ( <i>besifloxacin hcl</i> ) 0.6 % SUSPENSION            | Tier 3           | QLC (5 ml/month)                        |
| CILOXAN ( <i>ciprofloxacin hcl (ophth)</i> ) 0.3 % OINTMENT       | Tier 2           |   |
| CILOXAN ( <i>ciprofloxacin hcl (ophth)</i> ) 0.3 % SOLUTION       | Tier 3           |   |
| CIPRO ( <i>ciprofloxacin hcl</i> ) 250 MG TAB, 500 MG TAB         | Tier 3           | QLC (2 tabs/day)                        |
| CIPRO ( <i>ciprofloxacin</i> ) 250 MG/5ML (5%) RECON SUSP         | Tier 3           | QLC (2 bottles/fill)                    |
| CIPRO ( <i>ciprofloxacin</i> ) 500 MG/5ML (10%) RECON SUSP        | Tier 3           | QLC (3 bottles/fill)                    |
| <i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>   | Tier 1           | QLC (2 bottles/fill)                    |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> | Tier 1           | QLC (3 bottles/fill)                    |
| CIPROFLOXACIN HCL 100 MG TAB                                      | Tier 1           | QLC (2 tabs/day)                        |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>        | Tier 1           |   |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i>                  | Tier 1           | QLC (2 tabs/day)                        |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>                  | Tier 1           | QLC (2 tabs/day)                        |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i>                  | Tier 1           | QLC (2 tabs/day)                        |
| <i>levofloxacin oral soln 25 mg/ml</i>                            | Tier 1           | QLC (300 ml/30 days)                    |
| <i>levofloxacin tab 250 mg</i>                                    | Tier 1           | QLC (14 tabs/30 days)                   |
| <i>levofloxacin tab 500 mg</i>                                    | Tier 1           | QLC (1 tab/day)                         |
| <i>levofloxacin tab 750 mg</i>                                    | Tier 1           | QLC (14 tabs/30 days)                   |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>                   | Tier 1           | QLC (21 tabs/30 days)                   |

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|--|------------------|---|
| OFLOXACIN 300 MG TAB   | Tier 1           |   |
| <i>ofloxacin tab 400 mg</i>  | Tier 1           |   |
| <b>SULFONAMIDES</b>  |                  |   |
| BACTRIM ( <i>sulfamethoxazole-trimethoprim</i> ) 400-80 MG TAB       | Tier 3           |   |
| BACTRIM DS ( <i>sulfamethoxazole-trimethoprim</i> ) 800-160 MG TAB   | Tier 3           |   |
| <i>sulfadiazine tab 500 mg</i>                                       | Tier 1           |   |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>              | Tier 1           |   |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>                   | Tier 1           |   |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>                  | Tier 1           |   |
| <b>TETRACYCLINES</b>   |                  |   |
| ACTICLATE ( <i>doxycycline hyclate</i> ) 75 MG TAB, 150 MG TAB       | Tier 3           | PA, QLC (1 tab/day)                     |
| <i>demeclocycline hcl tab 150 mg</i>                                 | Tier 1           |   |
| <i>demeclocycline hcl tab 300 mg</i>                                 | Tier 1           |   |
| DORYX ( <i>doxycycline hyclate</i> ) 200 MG TAB DR                   | Tier 3           | PA, QLC (1 tab/day)                     |
| DORYX ( <i>doxycycline hyclate</i> ) 50 MG TAB DR, 80 MG TAB DR      | Tier 3           | PA, QLC (2 tabs/day)                    |
| DORYX MPC ( <i>doxycycline hyclate</i> ) 60 MG TAB DR, 120 MG TAB DR | Tier 3           | PA, QLC (2 tabs/day)                    |
| <i>doxycycline (rosacea) cap delayed release 40 mg</i>               | Tier 1           | PA, QLC (1 cap/day)                     |
| DOXYCYCLINE HYCLATE 80 MG TAB DR                                     | Tier 3           | PA, QLC (2 tabs/day)                    |
| <i>doxycycline hyclate cap 100 mg</i>                                | Tier 1           |   |
| doxycycline hyclate cap 100 mg (Morgidox)                            | Tier 1           |   |
| <i>doxycycline hyclate cap 50 mg</i>                                 | Tier 1           |   |
| <i>doxycycline hyclate tab 100 mg</i>                                | Tier 1           |   |
| <i>doxycycline hyclate tab 150 mg</i>                                | Tier 1           | PA, QLC (1 tab/day)                     |

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|---|------------------|---|
| <i>doxycycline hyclate tab 20 mg</i>                                    | Tier 1           | QLC (2 tabs/day)                        |
| <i>doxycycline hyclate tab 50 mg</i>                                    | Tier 1           | PA, QLC (2 tabs/day)                    |
| doxycycline hyclate tab 50 mg<br>(Targadox)                             | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>doxycycline hyclate tab 75 mg</i>                                    | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>doxycycline hyclate tab delayed release 100 mg</i>                   | Tier 1           | PA                                      |
| <i>doxycycline hyclate tab delayed release 150 mg</i>                   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>doxycycline hyclate tab delayed release 200 mg</i>                   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>doxycycline hyclate tab delayed release 50 mg</i>                    | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>doxycycline hyclate tab delayed release 75 mg</i>                    | Tier 1           | PA                                      |
| <i>doxycycline monohydrate cap 100 mg</i>                               | Tier 1           |   |
| doxycycline monohydrate cap 100 mg<br>(Mondoxylene NI)                  | Tier 1           |   |
| <i>doxycycline monohydrate cap 150 mg</i>                               | Tier 1           | PA                                      |
| <i>doxycycline monohydrate cap 50 mg</i>                                | Tier 1           |   |
| <i>doxycycline monohydrate cap 75 mg</i>                                | Tier 1           | PA                                      |
| doxycycline monohydrate cap 75 mg<br>(Mondoxylene NI)                   | Tier 1           | PA                                      |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i>                       | Tier 1           |   |
| <i>doxycycline monohydrate tab 100 mg</i>                               | Tier 1           |   |
| doxycycline monohydrate tab 100 mg<br>(Avidoxy)                         | Tier 1           |   |
| <i>doxycycline monohydrate tab 150 mg</i>                               | Tier 1           |   |
| <i>doxycycline monohydrate tab 50 mg</i>                                | Tier 1           |   |
| <i>doxycycline monohydrate tab 75 mg</i>                                | Tier 1           |   |
| EMROSI ( <i>minocycline hcl micronized (rosacea)</i> ) 40 MG CAP ER 24H | Tier 3           | PA, QLC (1 cap/day)                     |
| <i>minocycline hcl cap 100 mg</i>                                       | Tier 1           |   |
| <i>minocycline hcl cap 50 mg</i>  | Tier 1           |   |
| <i>minocycline hcl cap 75 mg</i>  | Tier 1           |   |

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|--|------------------|--|
| <i>minocycline hcl tab 100 mg</i>  | Tier 1           |  |
| <i>minocycline hcl tab 50 mg</i>   | Tier 1           |  |
| <i>minocycline hcl tab 75 mg</i>   | Tier 1           |  |
| <i>minocycline hcl tab er 24hr 105 mg</i><br>(MINOCYCLINE HCL ER)  | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 115 mg</i><br>(MINOCYCLINE HCL ER)  | Tier 1           | PA, QLC (1 tab/day)                                  |
| minocycline hcl tab er 24hr 135 mg<br>(Coremino)   | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 135 mg</i><br>(MINOCYCLINE HCL ER)  | Tier 1           | PA, QLC (1 tab/day)                                  |
| minocycline hcl tab er 24hr 45 mg<br>(Coremino)  | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 45 mg</i><br>(MINOCYCLINE HCL ER)   | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 55 mg</i><br>(MINOCYCLINE HCL ER)   | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 65 mg</i><br>(MINOCYCLINE HCL ER)   | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 80 mg</i><br>(MINOCYCLINE HCL ER)   | Tier 1           | PA, QLC (1 tab/day)                                  |
| minocycline hcl tab er 24hr 90 mg<br>(Coremino)  | Tier 1           | PA, QLC (1 tab/day)                                  |
| <i>minocycline hcl tab er 24hr 90 mg</i><br>(MINOCYCLINE HCL ER)   | Tier 1           | PA, QLC (1 tab/day)                                  |
| NUZYRA ( <i>omadacycline tosylate</i> ) 150<br>MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (30<br>caps/30 days) |
| ORACEA ( <i>doxycycline (rosacea)</i> ) 40 MG<br>CAP DR  | Tier 3           | PA, QLC (1 cap/day)                                  |
| SEYSARA ( <i>sarecycline hcl</i> ) 60 MG TAB,<br>100 MG TAB, 150 MG TAB  | Tier 4           | PA, QLC (1 tab/day)                                  |
| SOLODYN ( <i>minocycline hcl</i> ) 55 MG TAB<br>ER 24H, 65 MG TAB ER 24H, 80 MG TAB<br>ER 24H, 105 MG TAB ER 24H, 115 MG TAB<br>ER 24H | Tier 3           | PA, QLC (1 tab/day)                                  |
| <i>tetracycline hcl cap 250 mg</i>   | Tier 1           |  |
| <i>tetracycline hcl cap 500 mg</i>   | Tier 1           |  |
| VIBRAMYCIN ( <i>doxycycline</i><br>( <i>monohydrate</i> )) 25 MG/5ML RECON<br>SUSP   | Tier 3           |  |

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|---|-----------|----------------------------------|
| VIBRAMYCIN ( <i>doxycycline calcium</i> ) 50 MG/5ML SYRUP                               | Tier 2    |                                  |
| VIBRAMYCIN ( <i>doxycycline hyclate</i> ) 100 MG CAP                                    | Tier 3    |                                  |
| XIMINO ( <i>minocycline hcl</i> ) 45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H | Tier 3    | PA, QLC (1 cap/day)              |

## ANTICONVULSANTS (Drugs for Seizures)

### ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

|   |        |                             |
|---|--------|-----------------------------|
| BRIVIACT ( <i>brivaracetam</i> ) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB | Tier 3 | ST, QLC (2 tabs/day)        |
| BRIVIACT ( <i>brivaracetam</i> ) 10 MG/ML SOLUTION                                      | Tier 3 | ST, QLC (20 ml/day)         |
| DEPAKOTE ( <i>divalproex sodium</i> ) 125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR       | Tier 3 |                             |
| DEPAKOTE ER ( <i>divalproex sodium</i> ) ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H     | Tier 3 |                             |
| DEPAKOTE SPRINKLES ( <i>divalproex sodium</i> ) 125 MG CAP DR                           | Tier 3 |                             |
| DIACOMIT ( <i>stiripentol</i> ) 250 MG CAP  | Tier 4 | PA, LA, QLC (3 caps/day)    |
| DIACOMIT ( <i>stiripentol</i> ) 250 MG PACKET   | Tier 4 | PA, LA, QLC (3 packets/day) |
| DIACOMIT ( <i>stiripentol</i> ) 500 MG CAP  | Tier 4 | PA, LA, QLC (6 caps/day)    |
| DIACOMIT ( <i>stiripentol</i> ) 500 MG PACKET   | Tier 4 | PA, LA, QLC (6 packets/day) |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i>                            | Tier 1 |                             |
| <i>divalproex sodium tab delayed release 125 mg</i>                                     | Tier 1 |                             |
| <i>divalproex sodium tab delayed release 250 mg</i>                                     | Tier 1 |                             |
| <i>divalproex sodium tab delayed release 500 mg</i>                                     | Tier 1 |                             |
| <i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)                     | Tier 1 |                             |
| <i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)                     | Tier 1 |                             |

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|--|------------------|---|
| EPIDIOLEX ( <i>cannabidiol</i> ) 100 MG/ML SOLUTION  | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 bottles/28 days) |
| EPRONTIA ( <i>topiramate</i> ) 25 MG/ML SOLUTION   | Tier 3           | PA, QLC (16 ml/day)                                 |
| <i>felbamate susp 600 mg/5ml</i>   | Tier 1           |   |
| <i>felbamate tab 400 mg</i>  | Tier 1           |   |
| <i>felbamate tab 600 mg</i>  | Tier 1           |   |
| FELBATOL ( <i>felbamate</i> ) 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION  | Tier 3           |   |
| FINTEPLA ( <i>fenfluramine hcl (anticonvulsant)</i> ) 2.2 MG/ML SOLUTION   | Tier 4           | PA, LA, QLC (12 ml/day)                             |
| FYCOMPA ( <i>perampanel</i> ) 0.5 MG/ML SUSPENSION   | Tier 3           | ST, QLC (24 ml/day)                                 |
| FYCOMPA ( <i>perampanel</i> ) 2 MG TAB   | Tier 3           | ST, QLC (3 tabs/day)                                |
| FYCOMPA ( <i>perampanel</i> ) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB                                     | Tier 3           | ST, QLC (1 tab/day)                                 |
| KEPPRA ( <i>levetiracetam</i> ) 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB                  | Tier 3           |   |
| KEPPRA XR ( <i>levetiracetam</i> ) 500 MG TAB ER 24H   | Tier 3           | QLC (6 tabs/day)                                    |
| KEPPRA XR ( <i>levetiracetam</i> ) 750 MG TAB ER 24H   | Tier 3           | QLC (4 tabs/day)                                    |
| LAMICTAL ( <i>lamotrigine</i> ) 5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB         | Tier 3           |   |
| LAMICTAL ODT ( <i>lamotrigine</i> ) ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT        | Tier 3           | PA, QLC (1 starter kit/month)                       |
| LAMICTAL ODT ( <i>lamotrigine</i> ) ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP | Tier 3           | PA  |
| LAMICTAL STARTER ( <i>lamotrigine</i> ) 35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT               | Tier 3           |   |
| LAMICTAL XR ( <i>lamotrigine</i> ) 200 MG TAB ER 24H   | Tier 3           | ST, QLC (3 tabs/day)                                |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| LAMICTAL XR ( <i>lamotrigine</i> ) 21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT | Tier 3           | ST, QLC (1 kit/month)                   |
| LAMICTAL XR ( <i>lamotrigine</i> ) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H         | Tier 3           | ST, QLC (1 tab/day)                     |
| LAMICTAL XR ( <i>lamotrigine</i> ) 250 MG TAB ER 24H, 300 MG TAB ER 24H                          | Tier 3           | ST, QLC (2 tabs/day)                    |
| <i>lamotrigine orally disintegrating tab 100 mg</i>  | Tier 1           | PA                                      |
| <i>lamotrigine orally disintegrating tab 200 mg</i>  | Tier 1           | PA                                      |
| <i>lamotrigine orally disintegrating tab 25 mg</i>   | Tier 1           | PA                                      |
| <i>lamotrigine orally disintegrating tab 50 mg</i>   | Tier 1           | PA                                      |
| <i>lamotrigine tab 100 mg</i>  | Tier 1           |   |
| lamotrigine tab 100 mg (Subvenite)   | Tier 1           |   |
| <i>lamotrigine tab 150 mg</i>  | Tier 1           |   |
| lamotrigine tab 150 mg (Subvenite)   | Tier 1           |   |
| <i>lamotrigine tab 200 mg</i>  | Tier 1           |   |
| lamotrigine tab 200 mg (Subvenite)   | Tier 1           |   |
| <i>lamotrigine tab 25 mg</i>   | Tier 1           |   |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (LAMOTRIGINE STARTER KIT-ORANGE)  | Tier 1           |   |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange)               | Tier 1           |   |
| lamotrigine tab 25 mg (Subvenite)  | Tier 1           |   |
| <i>lamotrigine tab 35 x 25 mg starter kit</i> (LAMOTRIGINE STARTER KIT-BLUE)                     | Tier 1           |   |
| lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue)                              | Tier 1           |   |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (LAMOTRIGINE STARTER KIT-GREEN)  | Tier 1           |   |
| lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green)               | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>lamotrigine tab chewable dispersible 25 mg</i>                           | Tier 1           |   |
| <i>lamotrigine tab chewable dispersible 5 mg</i>                            | Tier 1           |   |
| <i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>      | Tier 1           | PA, QLC (1 starter pack/month)          |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> | Tier 1           | PA, QLC (1 starter pack/month)          |
| <i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>      | Tier 1           | PA, QLC (1 starter pack/month)          |
| <i>lamotrigine tab er 24hr 100 mg</i><br>(LAMOTRIGINE ER)                   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>lamotrigine tab er 24hr 200 mg</i><br>(LAMOTRIGINE ER)                   | Tier 1           | ST, QLC (3 tabs/day)                    |
| <i>lamotrigine tab er 24hr 25 mg</i><br>(LAMOTRIGINE ER)                    | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>lamotrigine tab er 24hr 250 mg</i><br>(LAMOTRIGINE ER)                   | Tier 1           | ST, QLC (2 tabs/day)                    |
| <i>lamotrigine tab er 24hr 300 mg</i><br>(LAMOTRIGINE ER)                   | Tier 1           | ST, QLC (2 tabs/day)                    |
| <i>lamotrigine tab er 24hr 50 mg</i><br>(LAMOTRIGINE ER)                    | Tier 1           | ST, QLC (1 tab/day)                     |
| LEVETIRACETAM 250 MG TAB  | Tier 3           | PA, QLC (2 tabs/day)                    |
| <i>levetiracetam oral soln 100 mg/ml</i>                                    | Tier 1           |   |
| <i>levetiracetam tab 1000 mg</i>  | Tier 1           |   |
| <i>levetiracetam tab 250 mg</i>   | Tier 1           |   |
| <i>levetiracetam tab 500 mg</i>   | Tier 1           |   |
| levetiracetam tab 500 mg (Roweepra)   | Tier 1           |   |
| <i>levetiracetam tab 750 mg</i>   | Tier 1           |   |
| <i>levetiracetam tab er 24hr 500 mg</i><br>(LEVETIRACETAM ER)               | Tier 1           | QLC (6 tabs/day)                        |
| <i>levetiracetam tab er 24hr 750 mg</i><br>(LEVETIRACETAM ER)               | Tier 1           | QLC (4 tabs/day)                        |
| MOTPOLY XR ( <i>lacosamide</i> ) 100 MG CAP ER 24H                          | Tier 3           | PA, QLC (1 cap/day)                     |
| MOTPOLY XR ( <i>lacosamide</i> ) 150 MG CAP ER 24H, 200 MG CAP ER 24H       | Tier 3           | PA, QLC (2 caps/day)                    |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| QUDEXY XR ( <i>topiramate</i> ) 150 MG CP24 SPRNK, 200 MG CP24 SPRNK                  | Tier 3           | PA, QLC (2 caps/day)                    |
| QUDEXY XR ( <i>topiramate</i> ) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK | Tier 3           | PA, QLC (1 cap/day)                     |
| SPRITAM ( <i>levetiracetam</i> ) 1000 MG TAB  | Tier 3           | PA, QLC (3 tabs/day)                    |
| SPRITAM ( <i>levetiracetam</i> ) 250 MG TAB   | Tier 3           | PA, QLC (2 tabs/day)                    |
| SPRITAM ( <i>levetiracetam</i> ) 500 MG TAB   | Tier 3           | PA, QLC (2 tabs/day)                    |
| SPRITAM ( <i>levetiracetam</i> ) 750 MG TAB   | Tier 3           | PA, QLC (4 tabs/day)                    |
| TOPAMAX ( <i>topiramate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB            | Tier 3           |   |
| TOPAMAX SPRINKLE ( <i>topiramate</i> ) 15 MG CAP SPRINK, 25 MG CAP SPRINK             | Tier 3           |   |
| TOPIRAMATE 50 MG CAP SPRINK   | Tier 1           | PA                                      |
| <i>topiramate cap er 24hr 100 mg</i> (TOPIRAMATE ER)                                  | Tier 1           | PA, QLC (3 caps/day)                    |
| <i>topiramate cap er 24hr 200 mg</i> (TOPIRAMATE ER)                                  | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>topiramate cap er 24hr 25 mg</i> (TOPIRAMATE ER)                                   | Tier 1           | PA, QLC (3 caps/day)                    |
| <i>topiramate cap er 24hr 50 mg</i> (TOPIRAMATE ER)                                   | Tier 1           | PA, QLC (7 caps/day)                    |
| <i>topiramate cap er 24hr sprinkle 100 mg</i> (TOPIRAMATE ER)                         | Tier 1           | PA, QLC (1 cap/day)                     |
| <i>topiramate cap er 24hr sprinkle 150 mg</i> (TOPIRAMATE ER)                         | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>topiramate cap er 24hr sprinkle 200 mg</i> (TOPIRAMATE ER)                         | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>topiramate cap er 24hr sprinkle 25 mg</i> (TOPIRAMATE ER)                          | Tier 1           | PA, QLC (1 cap/day)                     |
| <i>topiramate cap er 24hr sprinkle 50 mg</i> (TOPIRAMATE ER)                          | Tier 1           | PA, QLC (1 cap/day)                     |
| <i>topiramate sprinkle cap 15 mg</i>  | Tier 1           |   |
| <i>topiramate sprinkle cap 25 mg</i>  | Tier 1           |   |
| <i>topiramate tab 100 mg</i>  | Tier 1           |   |
| <i>topiramate tab 200 mg</i>  | Tier 1           |   |
| <i>topiramate tab 25 mg</i>   | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>topiramate tab 50 mg</i>   | Tier 1           |   |
| TROKENDI XR ( <i>topiramate</i> ) 200 MG CAP ER 24H                       | Tier 3           | PA, QLC (2 caps/day)                    |
| TROKENDI XR ( <i>topiramate</i> ) 25 MG CAP ER 24H, 100 MG CAP ER 24H     | Tier 3           | PA, QLC (3 caps/day)                    |
| TROKENDI XR ( <i>topiramate</i> ) 50 MG CAP ER 24H                        | Tier 3           | PA, QLC (7 caps/day)                    |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID) | Tier 1           |   |
| <i>valproic acid cap 250 mg</i>   | Tier 1           |   |
| XCOPRI ( <i>cenobamate</i> ) 150 MG TAB, 200 MG TAB                       | Tier 3           | PA, QLC (2 tabs/day)                    |
| XCOPRI ( <i>cenobamate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB             | Tier 3           | PA, QLC (1 tab/day)                     |

### **CALCIUM CHANNEL MODIFYING AGENTS**

|  |        |  |
|--|--------|--|
| CELONTIN ( <i>methsuximide</i> ) 300 MG CAP                      | Tier 3 |  |
| <i>ethosuximide cap 250 mg</i>                                   | Tier 1 |  |
| <i>ethosuximide soln 250 mg/5ml</i>                              | Tier 1 |  |
| <i>methsuximide cap 300 mg</i>                                   | Tier 1 |  |
| ZARONTIN ( <i>ethosuximide</i> ) 250 MG CAP, 250 MG/5ML SOLUTION | Tier 3 |  |

### **GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS**

|   |        |                            |
|---|--------|----------------------------|
| <i>clobazam suspension 2.5 mg/ml</i>                                      | Tier 1 | ST, QLC (16 ml/day)        |
| <i>clobazam tab 10 mg</i>   | Tier 1 | ST, QLC (4 tabs/day)       |
| <i>clobazam tab 20 mg</i>   | Tier 1 | ST, QLC (2 tabs/day)       |
| DIASTAT ACUDIAL ( <i>diazepam (anticonvulsant)</i> ) 10 MG GEL, 20 MG GEL | Tier 3 | QLC (1 kit [2 doses]/fill) |
| DIASTAT PEDIATRIC ( <i>diazepam (anticonvulsant)</i> ) 2.5 MG GEL         | Tier 3 | QLC (1 kit [2 doses]/fill) |
| DIAZEPAM ( <i>diazepam (anticonvulsant)</i> ) 2.5 MG GEL                  | Tier 1 | QLC (1 kit [2 doses]/fill) |
| <i>diazepam rectal gel delivery system 10 mg</i>                          | Tier 1 | QLC (1 kit [2 doses]/fill) |
| <i>diazepam rectal gel delivery system 20 mg</i>                          | Tier 1 | QLC (1 kit [2 doses]/fill) |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>gabapentin cap 100 mg</i>  | Tier 1           |   |
| <i>gabapentin cap 300 mg</i>  | Tier 1           |   |
| <i>gabapentin cap 400 mg</i>  | Tier 1           |   |
| <i>gabapentin oral soln 250 mg/5ml</i>  | Tier 1           |   |
| <i>gabapentin tab 600 mg</i>  | Tier 1           |   |
| <i>gabapentin tab 800 mg</i>  | Tier 1           |   |
| GABARONE ( <i>gabapentin</i> ) 100 MG TAB   | Tier 1           | PA, QLC (6 tabs/day)                    |
| GABARONE ( <i>gabapentin</i> ) 400 MG TAB   | Tier 1           | PA, QLC (9 tabs/day)                    |
| GABITRIL ( <i>tiagabine hcl</i> ) 2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB                                      | Tier 3           |   |
| LIBERVANT ( <i>diazepam (anticonvulsant)</i> ) 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM     | Tier 3           | PA, QLC (5 fills/30 days)               |
| MYSOLINE ( <i>primidone</i> ) 50 MG TAB, 250 MG TAB   | Tier 3           |   |
| NAYZILAM ( <i>midazolam (anticonvulsant)</i> ) 5 MG/0.1ML SOLUTION  | Tier 3           | PA, QLC (5 fills/30 days)               |
| NEURONTIN ( <i>gabapentin</i> ) 100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB | Tier 3           |   |
| ONFI ( <i>clobazam</i> ) 10 MG TAB  | Tier 3           | ST, QLC (4 tabs/day)                    |
| ONFI ( <i>clobazam</i> ) 2.5 MG/ML SUSPENSION   | Tier 3           | ST, QLC (16 ml/day)                     |
| ONFI ( <i>clobazam</i> ) 20 MG TAB  | Tier 3           | ST, QLC (2 tabs/day)                    |
| <i>phenobarbital elixir 20 mg/5ml</i>   | Tier 1           |   |
| <i>phenobarbital tab 100 mg</i>   | Tier 1           |   |
| <i>phenobarbital tab 15 mg</i>  | Tier 1           |   |
| <i>phenobarbital tab 16.2 mg</i>  | Tier 1           |   |
| <i>phenobarbital tab 30 mg</i>  | Tier 1           |   |
| <i>phenobarbital tab 32.4 mg</i>  | Tier 1           |   |
| <i>phenobarbital tab 60 mg</i>  | Tier 1           |   |
| <i>phenobarbital tab 64.8 mg</i>  | Tier 1           |   |
| <i>phenobarbital tab 97.2 mg</i>  | Tier 1           |   |
| PRIMIDONE 125 MG TAB  | Tier 1           |   |

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Therapy

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|--|------------------|---|
| <i>primidone tab 250 mg</i>  | Tier 1           |   |
| <i>primidone tab 50 mg</i>   | Tier 1           |   |
| SABRIL ( <i>vigabatrin</i> ) 500 MG PACKET                                       | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 packs/day) |
| SABRIL ( <i>vigabatrin</i> ) 500 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day)  |
| SYMPAZAN ( <i>clobazam</i> ) 5 MG FILM, 10 MG FILM, 20 MG FILM                   | Tier 3           | PA, QLC (2 films/day)                         |
| <i>tiagabine hcl tab 12 mg</i>   | Tier 1           |   |
| <i>tiagabine hcl tab 16 mg</i>   | Tier 1           |   |
| <i>tiagabine hcl tab 2 mg</i>  | Tier 1           |   |
| <i>tiagabine hcl tab 4 mg</i>  | Tier 1           |   |
| VALTOCO 10 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) /0.1ML LIQUID            | Tier 3           | PA, QLC (10 sprays/30 days)                   |
| VALTOCO 15 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) 2 X 7.5 /0.1ML LIQD THPK | Tier 3           | PA, QLC (10 sprays/30 days)                   |
| VALTOCO 20 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) 0 X 10 /0.1ML LIQD THPK  | Tier 3           | PA, QLC (10 sprays/30 days)                   |
| VALTOCO 5 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) /0.1ML LIQUID             | Tier 3           | PA, QLC (10 sprays/30 days)                   |
| <i>vigabatrin powd pack 500 mg</i>   | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 packs/day) |
| vigabatrin powd pack 500 mg (Vigadrone)  | Tier 4           | PA, LA, QLC (6 packs/day)                     |
| vigabatrin powd pack 500 mg (Vigpoder)   | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 packs/day) |
| <i>vigabatrin tab 500 mg</i>   | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day)  |
| vigabatrin tab 500 mg (Vigadrone)  | Tier 4           | PA, LA, QLC (6 tabs/day)                      |
| VIGAFYDE ( <i>vigabatrin</i> ) 100 MG/ML SOLUTION                                | Tier 4           | PA, LA, QLC (750 ml/30 days)                  |
| ZTALMY ( <i>ganaxolone</i> ) 50 MG/ML SUSPENSION                                 | Tier 4           | PA, LA, QLC (36 ml/day)                       |
| <b>SODIUM CHANNEL AGENTS</b>   |                  |   |
| APTIOM ( <i>eslicarbazepine acetate</i> ) 200 MG TAB, 400 MG TAB                 | Tier 3           | ST, QLC (1 tab/day)                           |

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|--|------------------|---|
| APTIOM ( <i>eslicarbazepine acetate</i> ) 600 MG TAB, 800 MG TAB                           | Tier 3           | ST, QLC (2 tabs/day)                    |
| BANZEL ( <i>rufinamide</i> ) 200 MG TAB  | Tier 3           | ST, QLC (16 tabs/day)                   |
| BANZEL ( <i>rufinamide</i> ) 40 MG/ML SUSPENSION   | Tier 3           | ST, QLC (80 ml/day)                     |
| BANZEL ( <i>rufinamide</i> ) 400 MG TAB  | Tier 3           | ST, QLC (8 tabs/day)                    |
| CARBAMAZEPINE 200 MG CHEW TAB  | Tier 1           | PA                                      |
| <i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)                                 | Tier 1           |   |
| <i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)                                 | Tier 1           |   |
| <i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)                                 | Tier 1           |   |
| <i>carbamazepine chew tab 100 mg</i>   | Tier 1           |   |
| <i>carbamazepine susp 100 mg/5ml</i>   | Tier 1           |   |
| <i>carbamazepine tab 200 mg</i>  | Tier 1           |   |
| carbamazepine tab 200 mg (Eitol)   | Tier 1           |   |
| <i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)                                 | Tier 1           |   |
| <i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)                                 | Tier 1           |   |
| <i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)                                 | Tier 1           |   |
| CARBATROL ( <i>carbamazepine</i> ) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H | Tier 3           |   |
| DILANTIN ( <i>phenytoin sodium extended</i> ) 30 MG CAP, 100 MG CAP                        | Tier 2           |   |
| DILANTIN ( <i>phenytoin</i> ) 125 MG/5ML SUSPENSION  | Tier 2           |   |
| DILANTIN INFATABS ( <i>phenytoin</i> ) 50 MG CHEW  | Tier 2           |   |
| DILANTIN-125 ( <i>phenytoin</i> ) -MG/5ML SUSPENSION                                       | Tier 2           |   |
| <i>lacosamide oral solution 10 mg/ml</i>   | Tier 1           | QLC (40 ml/day)                         |
| <i>lacosamide tab 100 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>lacosamide tab 150 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |

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|--|------------------|---|
| <i>lacosamide tab 200 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>lacosamide tab 50 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>  | Tier 1           | QLC (40 ml/day)                         |
| <i>oxcarbazepine tab 150 mg</i>  | Tier 1           | QLC (16 tabs/day)                       |
| <i>oxcarbazepine tab 300 mg</i>  | Tier 1           | QLC (8 tabs/day)                        |
| <i>oxcarbazepine tab 600 mg</i>  | Tier 1           | QLC (4 tabs/day)                        |
| <i>oxcarbazepine tab er 24hr 150 mg</i><br>(OXCARBAZEPINE ER)  | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>oxcarbazepine tab er 24hr 300 mg</i><br>(OXCARBAZEPINE ER)  | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>oxcarbazepine tab er 24hr 600 mg</i><br>(OXCARBAZEPINE ER)  | Tier 1           | ST, QLC (4 tabs/day)                    |
| OXTELLAR XR ( <i>oxcarbazepine</i> ) 150 MG<br>TAB ER 24H, 300 MG TAB ER 24H                           | Tier 3           | ST, QLC (1 tab/day)                     |
| OXTELLAR XR ( <i>oxcarbazepine</i> ) 600 MG<br>TAB ER 24H  | Tier 3           | ST, QLC (4 tabs/day)                    |
| <i>phenytoin chew tab 50 mg</i>  | Tier 1           |   |
| <i>phenytoin chew tab 50 mg</i> (PHENYTOIN<br>INFATABS)  | Tier 1           |   |
| <i>phenytoin sodium extended cap 100 mg</i>  | Tier 1           |   |
| <i>phenytoin sodium extended cap 200 mg</i>  | Tier 1           |   |
| phenytoin sodium extended cap 200 mg<br>(Phenytek)   | Tier 1           |   |
| <i>phenytoin sodium extended cap 300 mg</i>  | Tier 1           |   |
| phenytoin sodium extended cap 300 mg<br>(Phenytek)   | Tier 1           |   |
| <i>phenytoin susp 125 mg/5ml</i>   | Tier 1           |   |
| <i>rufinamide susp 40 mg/ml</i>  | Tier 1           | ST, QLC (80 ml/day)                     |
| <i>rufinamide tab 200 mg</i>   | Tier 1           | ST, QLC (16 tabs/day)                   |
| <i>rufinamide tab 400 mg</i>   | Tier 1           | ST, QLC (8 tabs/day)                    |
| TEGRETOL ( <i>carbamazepine</i> ) 100<br>MG/5ML SUSPENSION, 200 MG TAB                                 | Tier 3           |   |
| TEGRETOL-XR ( <i>carbamazepine</i> ) -100<br>MG TAB ER 12H, -200 MG TAB ER 12H, -<br>400 MG TAB ER 12H | Tier 3           |   |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step  
Therapy



| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| TRILEPTAL ( <i>oxcarbazepine</i> ) 150 MG TAB  | Tier 3           | QLC (16 tabs/day)                       |
| TRILEPTAL ( <i>oxcarbazepine</i> ) 300 MG TAB  | Tier 3           | QLC (8 tabs/day)                        |
| TRILEPTAL ( <i>oxcarbazepine</i> ) 300 MG/5ML SUSPENSION   | Tier 3           | QLC (40 ml/day)                         |
| TRILEPTAL ( <i>oxcarbazepine</i> ) 600 MG TAB  | Tier 3           | QLC (4 tabs/day)                        |
| VIMPAT ( <i>lacosamide</i> ) 10 MG/ML SOLUTION   | Tier 3           | QLC (40 ml/day)                         |
| VIMPAT ( <i>lacosamide</i> ) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB   | Tier 3           | QLC (2 tabs/day)                        |
| XCOPRI (250 MG DAILY DOSE) ( <i>cenobamate</i> ) MG 50 200 MG TAB THPK, MG 100 150 MG TAB THPK   | Tier 3           | PA, QLC (2 tabs/day)                    |
| XCOPRI (350 MG DAILY DOSE) ( <i>cenobamate</i> ) 150 & 200 TAB THPK  | Tier 3           | PA, QLC (2 tabs/day)                    |
| XCOPRI ( <i>cenobamate</i> ) COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK | Tier 3           | PA, QLC (28 tabs/84 days)               |
| ZONEGRAN ( <i>zonisamide</i> ) 25 MG CAP, 100 MG CAP   | Tier 3           |   |
| ZONISADE ( <i>zonisamide</i> ) 100 MG/5ML SUSPENSION   | Tier 3           | PA, QLC (30 ml/day)                     |
| <i>zonisamide cap 100 mg</i>   | Tier 1           |   |
| <i>zonisamide cap 25 mg</i>  | Tier 1           |   |
| <i>zonisamide cap 50 mg</i>  | Tier 1           |   |

## **ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)**

### **ANTIDEMENTIA AGENTS, OTHER**

|  |        |                            |
|--|--------|----------------------------|
| ERGOLOID MESYLATES 1 MG TAB  | Tier 1 |                            |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>                                  | Tier 1 | QLC (1 cap/day)            |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>                                  | Tier 1 | QLC (1 cap/day)            |
| NAMZARIC ( <i>memantine hcl-donepezil hcl</i> ) 14-10 MG CAP ER 24H, 28-10 MG CAP ER 24H | Tier 2 | QLC (1 cap/day)            |
| NAMZARIC ( <i>memantine hcl-donepezil hcl</i> ) 7 & 14 & 21 & 28 -10 MG CP24 THPK        | Tier 2 | QLC (1 dose-pack/6 months) |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| NAMZARIC ( <i>memantine hcl-donepezil hcl</i> ) 7-10 MG CAP ER 24H, 21-10 MG CAP ER 24H                | Tier 2           | QLC (1 cap/day)                         |
| <b>CHOLINESTERASE INHIBITORS</b>   |                  |   |
| ADLARITY ( <i>donepezil hydrochloride</i> ) 5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK                      | Tier 3           | PA, QLC (4 patches/28 days)             |
| ARICEPT ( <i>donepezil hydrochloride</i> ) 23 MG TAB   | Tier 3           | ST, QLC (1 tab/day)                     |
| ARICEPT ( <i>donepezil hydrochloride</i> ) 5 MG TAB, 10 MG TAB   | Tier 3           |   |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)                         | Tier 1           |   |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)                          | Tier 1           |   |
| <i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)   | Tier 1           |   |
| <i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)  | Tier 1           |   |
| EXELON ( <i>rivastigmine</i> ) 4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR | Tier 3           | QLC (1 patch/day)                       |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION  | Tier 1           |   |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)                        | Tier 1           |   |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>              | Tier 1           |   |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)                         | Tier 1           |   |
| <i>galantamine hydrobromide tab 12 mg</i>  | Tier 1           |   |
| <i>galantamine hydrobromide tab 4 mg</i>   | Tier 1           |   |
| <i>galantamine hydrobromide tab 8 mg</i>   | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| RAZADYNE ER ( <i>galantamine hydrobromide</i> ) ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H | Tier 3           |  |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>  | Tier 1           |  |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>  | Tier 1           |  |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>  | Tier 1           |  |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>  | Tier 1           |  |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>   | Tier 1           | QLC (1 patch/day)                            |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>  | Tier 1           | QLC (1 patch/day)                            |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>  | Tier 1           | QLC (1 patch/day)                            |
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>   |                  |  |
| <i>memantine hcl cap er 24hr 14 mg</i> (MEMANTINE HCL ER)  | Tier 1           | QLC (1 cap/day)                              |
| <i>memantine hcl cap er 24hr 21 mg</i> (MEMANTINE HCL ER)  | Tier 1           | QLC (1 cap/day)                              |
| <i>memantine hcl cap er 24hr 28 mg</i> (MEMANTINE HCL ER)  | Tier 1           | QLC (1 cap/day)                              |
| <i>memantine hcl cap er 24hr 7 mg</i> (MEMANTINE HCL ER)   | Tier 1           | QLC (1 cap/day)                              |
| <i>memantine hcl oral solution 2 mg/ml</i>   | Tier 1           |  |
| <i>memantine hcl tab 10 mg</i>   | Tier 1           | QLC (2 tabs/day)                             |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>   | Tier 1           |  |
| <i>memantine hcl tab 5 mg</i>  | Tier 1           | QLC (2 tabs/day)                             |
| NAMENDA ( <i>memantine hcl</i> ) 5 MG TAB, 10 MG TAB   | Tier 3           | QLC (2 tabs/day)                             |
| NAMENDA TITRATION PAK ( <i>memantine hcl</i> ) 28 X 5 MG & 21 X 10 MG TAB                                    | Tier 3           |  |
| NAMENDA XR ( <i>memantine hcl</i> ) 7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H    | Tier 3           | QLC (1 cap/day)                              |
| NAMENDA XR TITRATION PACK ( <i>memantine hcl</i> ) 7 & 14 & 21 & 28 MG CAP ER 24H                            | Tier 2           | QLC (1 pack (28 caps)/28 days; 2 fills/year) |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

## ANTIDEPRESSANTS (Drugs for Depression)

### ANTIDEPRESSANTS, OTHER

|  |        |                      |
|--|--------|----------------------|
| APLENZIN ( <i>bupropion hydrobromide</i> )<br>174 MG TAB ER 24H, 522 MG TAB ER 24H                       | Tier 3 | PA, QLC (1 tab/day)  |
| APLENZIN ( <i>bupropion hydrobromide</i> )<br>348 MG TAB ER 24H  | Tier 3 | PA, QLC (1 tab/day)  |
| AUVELITY ( <i>dextromethorphan hydrobromide-bupropion hydrochloride</i> ) 45-105 MG TAB ER               | Tier 3 | PA, QLC (2 tabs/day) |
| BUPROPION HCL ER (XL) 450 MG TAB 24H   | Tier 1 | PA, QLC (1 tab/day)  |
| <i>bupropion hcl tab 100 mg</i>  | Tier 1 | QLC (4 tabs/day)     |
| <i>bupropion hcl tab 75 mg</i>   | Tier 1 | QLC (6 tabs/day)     |
| <i>bupropion hcl tab er 12hr 100 mg</i><br>(BUPROPION HCL ER (SR))                                       | Tier 1 | QLC (4 tabs/day)     |
| <i>bupropion hcl tab er 12hr 150 mg</i><br>(BUPROPION HCL ER (SR))                                       | Tier 1 | QLC (3 tabs/day)     |
| <i>bupropion hcl tab er 12hr 200 mg</i><br>(BUPROPION HCL ER (SR))                                       | Tier 1 | QLC (2 tabs/day)     |
| <i>bupropion hcl tab er 24hr 150 mg</i><br>(BUPROPION HCL ER (XL))                                       | Tier 1 | QLC (3 tabs/day)     |
| <i>bupropion hcl tab er 24hr 300 mg</i><br>(BUPROPION HCL ER (XL))                                       | Tier 1 | QLC (1 tab/day)      |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE -<br>5-12.5 MG TAB, -10-25 MG TAB   | Tier 1 |                      |
| FORFIVO XL ( <i>bupropion hcl</i> ) 450 MG<br>TAB ER 24H   | Tier 3 | PA, QLC (1 tab/day)  |
| LYBALVI ( <i>olanzapine-samidorphan l-malate</i> ) 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB | Tier 3 | PA, QLC (1 tab/day)  |
| MAPROTILINE HCL 25 MG TAB, 50 MG<br>TAB, 75 MG TAB   | Tier 1 |                      |
| <i>mirtazapine orally disintegrating tab 15 mg</i>   | Tier 1 |                      |
| <i>mirtazapine orally disintegrating tab 30 mg</i>   | Tier 1 |                      |
| <i>mirtazapine orally disintegrating tab 45 mg</i>   | Tier 1 |                      |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>    |
|--|------------------|--|
| <i>mirtazapine tab 15 mg</i>   | Tier 1           |  |
| <i>mirtazapine tab 30 mg</i>   | Tier 1           |  |
| <i>mirtazapine tab 45 mg</i>   | Tier 1           |  |
| <i>mirtazapine tab 7.5 mg</i>  | Tier 1           |  |
| <i>olanzapine-fluoxetine hcl cap 12-25 mg</i>  | Tier 1           |  |
| <i>olanzapine-fluoxetine hcl cap 12-50 mg</i>  | Tier 1           |  |
| <i>olanzapine-fluoxetine hcl cap 3-25 mg</i>   | Tier 1           |  |
| <i>olanzapine-fluoxetine hcl cap 6-25 mg</i>   | Tier 1           |  |
| <i>olanzapine-fluoxetine hcl cap 6-50 mg</i>   | Tier 1           |  |
| PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB  | Tier 1           |  |
| REMERON ( <i>mirtazapine</i> ) 15 MG TAB, 30 MG TAB  | Tier 3           |  |
| REMERON SOLTAB ( <i>mirtazapine</i> ) 15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP             | Tier 3           |  |
| SYMBYAX ( <i>olanzapine-fluoxetine hcl</i> ) 3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-50 MG CAP | Tier 3           |  |
| WELLBUTRIN SR ( <i>bupropion hcl</i> ) 100 MG TAB ER 12H   | Tier 3           | QLC (4 tabs/day)                           |
| WELLBUTRIN SR ( <i>bupropion hcl</i> ) 150 MG TAB ER 12H   | Tier 3           | QLC (3 tabs/day)                           |
| WELLBUTRIN SR ( <i>bupropion hcl</i> ) 200 MG TAB ER 12H   | Tier 3           | QLC (2 tabs/day)                           |
| WELLBUTRIN XL ( <i>bupropion hcl</i> ) 150 MG TAB ER 24H   | Tier 3           | QLC (3 tabs/day)                           |
| WELLBUTRIN XL ( <i>bupropion hcl</i> ) 300 MG TAB ER 24H   | Tier 3           | QLC (1 tab/day)                            |
| ZURZUVAE ( <i>zuranolone</i> ) 20 MG CAP, 25 MG CAP  | Tier 3           | PA, QLC (2 caps/day; max 28 caps/365 days) |
| ZURZUVAE ( <i>zuranolone</i> ) 30 MG CAP   | Tier 3           | PA, QLC (1 cap/day; max 14 caps/365 days)  |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### MONOAMINE OXIDASE INHIBITORS

|   |        |  |
|---|--------|--|
| EMSAM ( <i>selegiline</i> ) 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR | Tier 3 |  |
| MARPLAN ( <i>isocarboxazid</i> ) 10 MG TAB  | Tier 3 |  |
| NARDIL ( <i>phenelzine sulfate</i> ) 15 MG TAB  | Tier 3 |  |
| PARNATE ( <i>tranylcypromine sulfate</i> ) 10 MG TAB  | Tier 3 |  |
| PHENELZINE SULFATE 15 MG TAB  | Tier 1 |  |
| <i>phenelzine sulfate tab 15 mg</i>   | Tier 1 |  |
| <i>tranylcypromine sulfate tab 10 mg</i>  | Tier 1 |  |

### SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

|   |        |                     |
|---|--------|---------------------|
| BRISDELLE ( <i>paroxetine mesylate (vasomotor)</i> ) 7.5 MG CAP                               | Tier 3 | QLC (1 cap/day)     |
| CELEXA ( <i>citalopram hydrobromide</i> ) 10 MG TAB   | Tier 3 | QLC (4 tabs/day)    |
| CELEXA ( <i>citalopram hydrobromide</i> ) 20 MG TAB   | Tier 3 | QLC (2 tabs/day)    |
| CELEXA ( <i>citalopram hydrobromide</i> ) 40 MG TAB   | Tier 3 | QLC (1 tab/day)     |
| CITALOPRAM HYDROBROMIDE 30 MG CAP   | Tier 3 | ST, QLC (1 cap/day) |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>  | Tier 1 | QLC (40 mg/day)     |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i>   | Tier 1 | QLC (4 tabs/day)    |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i>   | Tier 1 | QLC (2 tabs/day)    |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>   | Tier 1 | QLC (1 tab/day)     |
| DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H                                   | Tier 3 | PA, QLC (1 tab/day) |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER) | Tier 1 | QLC (1 tab/day)     |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)                   | Tier 1           | QLC (1 tab/day)                         |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)                   | Tier 1           | QLC (1 tab/day)                         |
| EFFEXOR XR ( <i>venlafaxine hcl</i> ) 37.5 MG CAP ER 24H, 150 MG CAP ER 24H                                    | Tier 3           | QLC (2 caps/day)                        |
| EFFEXOR XR ( <i>venlafaxine hcl</i> ) 75 MG CAP ER 24H   | Tier 3           | QLC (3 caps/day)                        |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>   | Tier 1           | QLC (24 ml/day)                         |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>   | Tier 1           | QLC (4 tabs/day)                        |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>  | Tier 1           | QLC (8 tabs/day)                        |
| FETZIMA ( <i>levomilnacipran hcl</i> ) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H | Tier 3           | PA, QLC (1 cap/day)                     |
| FETZIMA TITRATION ( <i>levomilnacipran hcl</i> ) 20 & 40 MG CP24 THPK  | Tier 3           | PA, QLC (1 cap/day)                     |
| FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB   | Tier 1           | QLC (1 tab/day)                         |
| FLUOXETINE HCL 60 MG TAB   | Tier 3           |   |
| FLUOXETINE HCL 90 MG CAP DR  | Tier 1           | QLC (4 caps/month)                      |
| <i>fluoxetine hcl cap 10 mg</i>  | Tier 1           |   |
| <i>fluoxetine hcl cap 20 mg</i>  | Tier 1           |   |
| <i>fluoxetine hcl cap 40 mg</i>  | Tier 1           |   |
| <i>fluoxetine hcl solution 20 mg/5ml</i>   | Tier 1           |   |
| <i>fluoxetine hcl tab 10 mg</i>  | Tier 1           |   |
| <i>fluoxetine hcl tab 20 mg</i>  | Tier 1           |   |
| <i>fluoxetine hcl tab 60 mg</i>  | Tier 3           |   |
| <i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)   | Tier 1           | ST, QLC (3 caps/day)                    |
| <i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)   | Tier 1           | ST, QLC (2 caps/day)                    |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>fluvoxamine maleate tab 100 mg</i>   | Tier 1           | QLC (3 tabs/day)                        |
| <i>fluvoxamine maleate tab 25 mg</i>  | Tier 1           | QLC (12 tabs/day)                       |
| <i>fluvoxamine maleate tab 50 mg</i>  | Tier 1           | QLC (6 tabs/day)                        |
| LEXAPRO ( <i>escitalopram oxalate</i> ) 10 MG TAB   | Tier 3           | QLC (4 tabs/day)                        |
| LEXAPRO ( <i>escitalopram oxalate</i> ) 20 MG TAB   | Tier 3           | QLC (2 tabs/day)                        |
| LEXAPRO ( <i>escitalopram oxalate</i> ) 5 MG TAB  | Tier 3           | QLC (8 tabs/day)                        |
| NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB                    | Tier 1           |   |
| <i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>                                      | Tier 1           | QLC (30 ml/day)                         |
| <i>paroxetine hcl tab 10 mg</i>   | Tier 1           |   |
| <i>paroxetine hcl tab 20 mg</i>   | Tier 1           |   |
| <i>paroxetine hcl tab 30 mg</i>   | Tier 1           |   |
| <i>paroxetine hcl tab 40 mg</i>   | Tier 1           |   |
| <i>paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER)</i>                               | Tier 1           |   |
| <i>paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER)</i>                                 | Tier 1           |   |
| <i>paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER)</i>                               | Tier 1           |   |
| <i>paroxetine mesylate cap 7.5 mg (base equiv)</i>  | Tier 1           | QLC (1 cap/day)                         |
| PAXIL ( <i>paroxetine hcl</i> ) 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB                  | Tier 3           |   |
| PAXIL ( <i>paroxetine hcl</i> ) 10 MG/5ML SUSPENSION  | Tier 3           | QLC (30 ml/day)                         |
| PAXIL CR ( <i>paroxetine hcl</i> ) 12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H | Tier 3           |   |
| PEXEVA ( <i>paroxetine mesylate</i> ) 10 MG TAB, 20 MG TAB, 40 MG TAB                       | Tier 3           | PA, QLC (1 tab/day)                     |
| PEXEVA ( <i>paroxetine mesylate</i> ) 30 MG TAB   | Tier 3           | PA, QLC (2 tabs/day)                    |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| PRISTIQ ( <i>desvenlafaxine succinate</i> ) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H | Tier 3           | QLC (1 tab/day)                         |
| PROZAC ( <i>fluoxetine hcl</i> ) 10 MG CAP, 20 MG CAP, 40 MG CAP                                  | Tier 3           |   |
| SERTRALINE HCL 150 MG CAP, 200 MG CAP   | Tier 3           | QLC (1 cap/day)                         |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i>                                      | Tier 1           |   |
| <i>sertraline hcl tab 100 mg</i>  | Tier 1           |   |
| <i>sertraline hcl tab 25 mg</i>   | Tier 1           |   |
| <i>sertraline hcl tab 50 mg</i>   | Tier 1           |   |
| <i>trazodone hcl tab 100 mg</i>   | Tier 1           |   |
| <i>trazodone hcl tab 150 mg</i>   | Tier 1           |   |
| <i>trazodone hcl tab 300 mg</i>   | Tier 1           |   |
| <i>trazodone hcl tab 50 mg</i>  | Tier 1           |   |
| TRINTELLIX ( <i>vortioxetine hbr</i> ) 5 MG TAB, 10 MG TAB, 20 MG TAB                             | Tier 3           | ST, QLC (1 tab/day)                     |
| VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H  | Tier 3           | QLC (1 tab/day)                         |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)                  | Tier 1           | QLC (2 caps/day)                        |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)                 | Tier 1           | QLC (2 caps/day)                        |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)                   | Tier 1           | QLC (3 caps/day)                        |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>   | Tier 1           |   |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>  | Tier 1           |   |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>  | Tier 1           |   |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>  | Tier 1           |   |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>  | Tier 1           |   |
| <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)                  | Tier 1           | QLC (1 tab/day)                         |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>          |
|---|------------------|--|
| <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> (VENLAFAXINE HCL ER)  | Tier 3           | QLC (1 tab/day)                                  |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER) | Tier 1           | QLC (1 tab/day)                                  |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)   | Tier 1           | QLC (1 tab/day)                                  |
| VIIBRYD ( <i>vilazodone hcl</i> ) 10 MG TAB, 20 MG TAB, 40 MG TAB                 | Tier 3           | ST, QLC (1 tab/day)                              |
| VIIBRYD STARTER PACK ( <i>vilazodone hcl</i> ) 10 & 20 MG KIT                     | Tier 3           | ST, QLC (1 pack (30 tabs)/30 days; 2 fills/year) |
| <i>vilazodone hcl tab 10 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                              |
| <i>vilazodone hcl tab 20 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                              |
| <i>vilazodone hcl tab 40 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                              |
| ZOLOFT ( <i>sertraline hcl</i> ) 20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB  | Tier 3           |  |

## **TRICYCLICS**

|   |        |  |
|---|--------|--|
| <i>amitriptyline hcl tab 10 mg</i>                                    | Tier 1 |  |
| <i>amitriptyline hcl tab 100 mg</i>                                   | Tier 1 |  |
| <i>amitriptyline hcl tab 150 mg</i>                                   | Tier 1 |  |
| <i>amitriptyline hcl tab 25 mg</i>                                    | Tier 1 |  |
| <i>amitriptyline hcl tab 50 mg</i>                                    | Tier 1 |  |
| <i>amitriptyline hcl tab 75 mg</i>                                    | Tier 1 |  |
| <i>amoxapine tab 100 mg</i>   | Tier 1 |  |
| <i>amoxapine tab 150 mg</i>   | Tier 1 |  |
| <i>amoxapine tab 25 mg</i>  | Tier 1 |  |
| <i>amoxapine tab 50 mg</i>  | Tier 1 |  |
| ANAFRANIL ( <i>clomipramine hcl</i> ) 25 MG CAP, 50 MG CAP, 75 MG CAP | Tier 3 |  |
| <i>clomipramine hcl cap 25 mg</i>                                     | Tier 1 |  |
| <i>clomipramine hcl cap 50 mg</i>                                     | Tier 1 |  |
| <i>clomipramine hcl cap 75 mg</i>                                     | Tier 1 |  |
| <i>desipramine hcl tab 10 mg</i>                                      | Tier 1 |  |
| <i>desipramine hcl tab 100 mg</i>                                     | Tier 1 |  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>desipramine hcl tab 150 mg</i>   | Tier 1           |   |
| <i>desipramine hcl tab 25 mg</i>  | Tier 1           |   |
| <i>desipramine hcl tab 50 mg</i>  | Tier 1           |   |
| <i>desipramine hcl tab 75 mg</i>  | Tier 1           |   |
| <i>doxepin hcl cap 10 mg</i>  | Tier 1           |   |
| <i>doxepin hcl cap 100 mg</i>   | Tier 1           |   |
| <i>doxepin hcl cap 150 mg</i>   | Tier 1           |   |
| <i>doxepin hcl cap 25 mg</i>  | Tier 1           |   |
| <i>doxepin hcl cap 50 mg</i>  | Tier 1           |   |
| <i>doxepin hcl cap 75 mg</i>  | Tier 1           |   |
| <i>doxepin hcl conc 10 mg/ml</i>  | Tier 1           |   |
| <i>imipramine hcl tab 10 mg</i>   | Tier 1           |   |
| <i>imipramine hcl tab 25 mg</i>   | Tier 1           |   |
| <i>imipramine hcl tab 50 mg</i>   | Tier 1           |   |
| <i>imipramine pamoate cap 100 mg</i>  | Tier 1           |   |
| <i>imipramine pamoate cap 125 mg</i>  | Tier 1           |   |
| <i>imipramine pamoate cap 150 mg</i>  | Tier 1           |   |
| <i>imipramine pamoate cap 75 mg</i>   | Tier 1           |   |
| NORPRAMIN ( <i>desipramine hcl</i> ) 10 MG TAB, 25 MG TAB                       | Tier 3           |   |
| <i>nortriptyline hcl cap 10 mg</i>  | Tier 1           |   |
| <i>nortriptyline hcl cap 25 mg</i>  | Tier 1           |   |
| <i>nortriptyline hcl cap 50 mg</i>  | Tier 1           |   |
| <i>nortriptyline hcl cap 75 mg</i>  | Tier 1           |   |
| <i>nortriptyline hcl soln 10 mg/5ml</i>   | Tier 1           |   |
| PAMELOR ( <i>nortriptyline hcl</i> ) 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP | Tier 3           |   |
| <i>protriptyline hcl tab 10 mg</i>  | Tier 1           |   |
| <i>protriptyline hcl tab 5 mg</i>   | Tier 1           |   |
| <i>trimipramine maleate cap 100 mg</i>  | Tier 1           |   |
| <i>trimipramine maleate cap 25 mg</i>   | Tier 1           |   |
| <i>trimipramine maleate cap 50 mg</i>   | Tier 1           |   |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

## ANTIEMETICS (Drugs for Nausea and Vomiting)

### ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

|   |        |  |
|---|--------|--|
| BONJESTA ( <i>doxylamine-pyridoxine</i> ) 20-20 MG TAB ER               | Tier 3 | PA, QLC (2 tabs/day)                   |
| DICLEGIS ( <i>doxylamine-pyridoxine</i> ) 10-10 MG TAB DR               | Tier 3 | QLC (4 tabs/day)                       |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>               | Tier 1 | QLC (4 tabs/day)                       |
| GIMOTI ( <i>metoclopramide hcl</i> ) 15 MG/ACT SOLUTION                 | Tier 3 | PA, QLC (19.6 ml (2 bottles)/ 84 days) |
| METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP                        | Tier 1 | PA, QLC (4 tabs/day)                   |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i> | Tier 1 |  |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>                   | Tier 1 |  |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>                    | Tier 1 |  |
| <i>perphenazine tab 16 mg</i>   | Tier 1 |  |
| <i>perphenazine tab 2 mg</i>  | Tier 1 |  |
| <i>perphenazine tab 4 mg</i>  | Tier 1 |  |
| <i>perphenazine tab 8 mg</i>  | Tier 1 |  |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i>             | Tier 1 |  |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>              | Tier 1 |  |
| <i>prochlorperazine suppos 25 mg</i>                                    | Tier 1 |  |
| prochlorperazine suppos 25 mg (Compro)                                  | Tier 1 |  |
| <i>promethazine hcl suppos 12.5 mg</i>                                  | Tier 1 |  |
| promethazine hcl suppos 12.5 mg (Promethegan)                           | Tier 1 |  |
| <i>promethazine hcl suppos 25 mg</i>                                    | Tier 1 |  |
| promethazine hcl suppos 25 mg (Promethegan)                             | Tier 1 |  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>promethazine hcl tab 12.5 mg</i>                                    | Tier 1           |   |
| <i>promethazine hcl tab 25 mg</i>                                      | Tier 1           |   |
| <i>promethazine hcl tab 50 mg</i>                                      | Tier 1           |   |
| PROMETHEGAN ( <i>promethazine hcl</i> ) 50 MG SUPPOS                   | Tier 1           | QLC (1 suppository/day)                 |
| REGLAN ( <i>metoclopramide hcl</i> ) 5 MG TAB, 10 MG TAB               | Tier 3           |   |
| <i>scopolamine td patch 72hr 1 mg/3days</i>                            | Tier 1           |   |
| TIGAN ( <i>trimethobenzamide hcl</i> ) 300 MG CAP                      | Tier 3           |   |
| TRANSDERM SCOP (1.5 MG) ( <i>scopolamine</i> ) (.5 MG/3DAYS PATCH 72HR | Tier 3           |   |
| TRANSDERM-SCOP ( <i>scopolamine</i> ) -1 MG/3DAYS PATCH 72HR           | Tier 3           |   |
| <i>trimethobenzamide hcl cap 300 mg</i>                                | Tier 1           |   |
| <b>EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)</b>     |                  |   |
| AKYNZEO ( <i>netupitant-palonosetron</i> ) 300-0.5 MG CAP              | Tier 3           | QLC (4 caps/28 days)                    |
| ANZEMET ( <i>dolasetron mesylate</i> ) 100 MG TAB                      | Tier 2           | QLC (1 tab/fill)                        |
| ANZEMET ( <i>dolasetron mesylate</i> ) 50 MG TAB                       | Tier 2           | QLC (2 tabs/fill)                       |
| <i>aprepitant capsule 125 mg</i>                                       | Tier 1           | QLC (4 caps/28 days)                    |
| <i>aprepitant capsule 40 mg</i>  | Tier 1           | QLC (1 cap/month)                       |
| <i>aprepitant capsule 80 mg</i>  | Tier 1           | QLC (8 caps/28 days)                    |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                 | Tier 1           | QLC (12 caps/28 days)                   |
| <i>dronabinol cap 10 mg</i>  | Tier 1           | QLC (6 caps/day)                        |
| <i>dronabinol cap 2.5 mg</i>   | Tier 1           | QLC (6 caps/day)                        |
| <i>dronabinol cap 5 mg</i>   | Tier 1           | QLC (6 caps/day)                        |
| EMEND ( <i>aprepitant</i> ) 125 MG/5ML RECON SUSP                      | Tier 3           | PA, QLC (12 packets/28 days)            |
| EMEND ( <i>aprepitant</i> ) 80 MG CAP                                  | Tier 3           | QLC (8 caps/28 days)                    |
| EMEND TRI-PACK ( <i>aprepitant</i> ) -80 & 125 MG CAP                  | Tier 3           | QLC (12 caps/28 days)                   |

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Therapy

| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>granisetron hcl tab 1 mg</i>                                | Tier 1    | QLC (12 tabs/30 days)            |
| MARINOL ( <i>dronabinol</i> ) 2.5 MG CAP, 5 MG CAP, 10 MG CAP  | Tier 3    | QLC (6 caps/day)                 |
| ONDANSETRON 16 MG TAB DISP                                     | Tier 1    | PA, QLC (1 tab/30 days)          |
| ONDANSETRON HCL 24 MG TAB                                      | Tier 1    | QLC (1 tab/30 days)              |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                      | Tier 1    | QLC (1 bottle (50 ml)/ 30 days)  |
| <i>ondansetron hcl tab 4 mg</i>                                | Tier 1    | QLC (6 tabs/day)                 |
| <i>ondansetron hcl tab 8 mg</i>                                | Tier 1    | QLC (3 tabs/day)                 |
| <i>ondansetron orally disintegrating tab 4 mg</i>              | Tier 1    | QLC (6 tabs/day)                 |
| <i>ondansetron orally disintegrating tab 8 mg</i>              | Tier 1    | QLC (3 tabs/day)                 |
| SANCUSO ( <i>granisetron</i> ) 3.1 MG/24HR PATCH               | Tier 3    | PA, QLC (2 patches/28 days)      |
| SYNDROS ( <i>dronabinol</i> ) 5 MG/ML SOLUTION                 | Tier 4    | PA, QLC (4 bottles/month)        |
| VARUBI (180 MG DOSE) ( <i>rolapitant hcl</i> ) 2 X 90 TAB THPK | Tier 3    | LA, QLC (2 tabs/14 days)         |
| ZOFRAN ( <i>ondansetron hcl</i> ) 4 MG TAB                     | Tier 3    | QLC (6 tabs/day)                 |

### ANTIFUNGALS (Drugs for Fungal Infections)

|   |        |                       |
|---|--------|-----------------------|
| ANCOBON ( <i>flucytosine</i> ) 250 MG CAP, 500 MG CAP   | Tier 3 |                       |
| <i>clotrimazole troche 10 mg</i>  | Tier 1 |                       |
| CRESEMBA ( <i>isavuconazonium sulfate</i> ) 186 MG CAP  | Tier 4 | PA, QLC (2 caps/day)  |
| CRESEMBA ( <i>isavuconazonium sulfate</i> ) 74.5 MG CAP   | Tier 4 | PA, QLC (5 caps/day)  |
| DIFLUCAN ( <i>fluconazole</i> ) 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB | Tier 3 |                       |
| <i>econazole nitrate cream 1%</i>   | Tier 1 |                       |
| ERTACZO ( <i>sertaconazole nitrate</i> ) 2 % CREAM  | Tier 3 | ST, QLC (1 tube/fill) |
| EXELDERM ( <i>sulconazole nitrate</i> ) 1 % CREAM, 1 % SOLUTION   | Tier 3 |                       |

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| <b>PRESCRIPTION DRUG NAME</b>                                    | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| EXTINA ( <i>ketoconazole (topical)</i> ) 2 % FOAM                | Tier 3           | ST                                      |
| <i>fluconazole for susp 10 mg/ml</i>                             | Tier 1           |   |
| <i>fluconazole for susp 40 mg/ml</i>                             | Tier 1           |   |
| <i>fluconazole tab 100 mg</i>                                    | Tier 1           |   |
| <i>fluconazole tab 150 mg</i>                                    | Tier 1           |   |
| <i>fluconazole tab 200 mg</i>                                    | Tier 1           |   |
| <i>fluconazole tab 50 mg</i>                                     | Tier 1           |   |
| <i>flucytosine cap 250 mg</i>                                    | Tier 1           |   |
| <i>flucytosine cap 500 mg</i>                                    | Tier 1           |   |
| FULVICIN P/G 165 ( <i>griseofulvin ultramicrosize</i> ) MG TAB   | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>griseofulvin microsize susp 125 mg/5ml</i>                    | Tier 1           |   |
| <i>griseofulvin microsize tab 500 mg</i>                         | Tier 1           |   |
| GRISEOFULVIN ULTRAMICROSIZED 165 MG TAB                          | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>griseofulvin ultramicrosize tab 125 mg</i>                    | Tier 1           |   |
| <i>griseofulvin ultramicrosize tab 250 mg</i>                    | Tier 1           |   |
| GYNAZOLE-1 ( <i>butoconazole nitrate (one dose)</i> ) -2 % CREAM | Tier 1           |   |
| <i>itraconazole cap 100 mg</i>                                   | Tier 1           | QLC (4 caps/day)                        |
| <i>itraconazole oral soln 10 mg/ml</i>                           | Tier 1           | PA                                      |
| JUBLIA ( <i>efinaconazole</i> ) 10 % SOLUTION                    | Tier 3           | PA, QLC (1 bottle (4ml)/month)          |
| KERYDIN ( <i>tavaborole</i> ) 5 % SOLUTION                       | Tier 3           | PA, QLC (10 ml/30 days)                 |
| <i>ketoconazole cream 2%</i>                                     | Tier 1           |   |
| <i>ketoconazole foam 2%</i>                                      | Tier 1           | ST                                      |
| ketoconazole foam 2% (Ketodan)                                   | Tier 1           | ST                                      |
| <i>ketoconazole shampoo 2%</i>                                   | Tier 1           |   |
| <i>ketoconazole tab 200 mg</i>                                   | Tier 1           |   |
| LULICONAZOLE 1 % CREAM   | Tier 1           | ST, QLC (1 bottle/month)                |
| LUZU ( <i>luliconazole</i> ) 1 % CREAM                           | Tier 3           | ST, QLC (1 bottle/month)                |
| MICONAZOLE 3 ( <i>miconazole nitrate vaginal</i> ) 200 MG SUPPOS | Tier 1           |   |

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|---|------------------|---|
| MICONAZOLE-ZINC OXIDE-PETROLAT<br>( <i>miconazole-zinc oxide-white petrolatum</i> ) --0.25-15-81.35 %<br>OINTMENT | Tier 1           | ST                                      |
| NAFTIFINE HCL 1 % CREAM   | Tier 1           | ST                                      |
| <i>naftifine hcl cream 2%</i>   | Tier 1           | ST                                      |
| <i>naftifine hcl gel 1%</i>   | Tier 1           | ST                                      |
| <i>naftifine hcl gel 2%</i>   | Tier 1           | ST                                      |
| NAFTIN ( <i>naftifine hcl</i> ) 1 % GEL, 2 % GEL  | Tier 3           | ST                                      |
| NOXAFIL ( <i>posaconazole</i> ) 100 MG TAB<br>DR  | Tier 3           | PA, QLC (3 tabs/day)                    |
| NOXAFIL ( <i>posaconazole</i> ) 300 MG<br>PACKET  | Tier 3           | PA, QLC (1 packet/day)                  |
| NOXAFIL ( <i>posaconazole</i> ) 40 MG/ML<br>SUSPENSION  | Tier 3           | PA                                      |
| <i>nystatin cream 100000 unit/gm</i>  | Tier 1           |   |
| <i>nystatin oint 100000 unit/gm</i>   | Tier 1           |   |
| <i>nystatin susp 100000 unit/ml</i>   | Tier 1           |   |
| <i>nystatin tab 500000 unit</i>   | Tier 1           |   |
| <i>nystatin topical powder 100000<br/>unit/gm</i>   | Tier 1           |   |
| nystatin topical powder 100000 unit/gm<br>(Klayesta)  | Tier 1           |   |
| nystatin topical powder 100000 unit/gm<br>(Nyamyc)  | Tier 1           |   |
| nystatin topical powder 100000 unit/gm<br>(Nystop)  | Tier 1           |   |
| <i>oxiconazole nitrate cream 1%</i>   | Tier 1           | ST                                      |
| OXISTAT ( <i>oxiconazole nitrate</i> ) 1 %<br>CREAM, 1 % LOTION   | Tier 3           | ST                                      |
| <i>posaconazole susp 40 mg/ml</i>   | Tier 1           | PA                                      |
| <i>posaconazole tab delayed release 100<br/>mg</i>  | Tier 1           | PA, QLC (3 tabs/day)                    |
| SPORANOX ( <i>itraconazole</i> ) 10 MG/ML<br>SOLUTION   | Tier 3           | PA                                      |
| SPORANOX ( <i>itraconazole</i> ) 100 MG CAP   | Tier 3           | QLC (4 caps/day)                        |

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|---|------------------|---|
| SPORANOX PULSEPAK ( <i>itraconazole</i> )<br>100 MG CAP                           | Tier 3           | QLC (4 caps/day)                        |
| <i>tavaborole soln 5%</i>   | Tier 1           | PA, QLC (10 ml/30 days)                 |
| <i>terbinafine hcl tab 250 mg</i>   | Tier 1           | QLC (30 tabs/month)                     |
| <i>terconazole vaginal cream 0.4%</i>   | Tier 1           |   |
| <i>terconazole vaginal cream 0.8%</i>   | Tier 1           |   |
| <i>terconazole vaginal suppos 80 mg</i>   | Tier 1           |   |
| TOLSURA ( <i>itraconazole</i> ) 65 MG CAP   | Tier 4           | PA, QLC (4 caps/day)                    |
| VFEND ( <i>voriconazole</i> ) 40 MG/ML<br>RECON SUSP, 50 MG TAB, 200 MG TAB       | Tier 3           | PA                                      |
| VIVJOA ( <i>oteseconazole</i> ) 150 MG CAP<br>THPK                                | Tier 3           | PA, QLC (18 caps/84 days)               |
| <i>voriconazole for susp 40 mg/ml</i>   | Tier 1           | PA                                      |
| <i>voriconazole tab 200 mg</i>  | Tier 1           | PA                                      |
| <i>voriconazole tab 50 mg</i>   | Tier 1           | PA                                      |
| VUSION ( <i>miconazole-zinc oxide-white petrolatum</i> ) 0.25-15-81.35 % OINTMENT | Tier 3           | ST                                      |
| XOLEGEL ( <i>ketoconazole (topical)</i> ) 2 %                                     | Tier 3           | ST                                      |

### **ANTIGOUT AGENTS (Drugs for Gout)**

|  |        |                      |
|--|--------|----------------------|
| <i>allopurinol tab 100 mg</i>  | Tier 1 |                      |
| <i>allopurinol tab 200 mg</i>  | Tier 1 | PA, QLC (4 tabs/day) |
| <i>allopurinol tab 300 mg</i>  | Tier 1 |                      |
| <i>colchicine cap 0.6 mg</i>   | Tier 1 | QLC (2 caps/day)     |
| <i>colchicine tab 0.6 mg</i>   | Tier 1 | QLC (4 tabs/day)     |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID) | Tier 1 |                      |
| COLCRYS ( <i>colchicine</i> ) 0.6 MG TAB                               | Tier 3 | QLC (4 tabs/day)     |
| <i>febuxostat tab 40 mg</i>  | Tier 1 | ST, QLC (1 tab/day)  |
| <i>febuxostat tab 80 mg</i>  | Tier 1 | ST, QLC (1 tab/day)  |
| GLOPERBA ( <i>colchicine</i> ) 0.6 MG/5ML<br>SOLUTION                  | Tier 3 | PA, QLC (10 ml/day)  |
| MITIGARE ( <i>colchicine</i> ) 0.6 MG CAP                              | Tier 3 | QLC (2 caps/day)     |
| <i>probenecid tab 500 mg</i>   | Tier 1 |                      |

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Therapy

| PRESCRIPTION DRUG NAME                                 | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| ULORIC ( <i>febuxostat</i> ) 40 MG TAB, 80 MG TAB      | Tier 3    | ST, QLC (1 tab/day)              |
| ZYLOPRIM ( <i>allopurinol</i> ) 100 MG TAB, 300 MG TAB | Tier 3    |                                  |

## ANTIMIGRAINE AGENTS (Drugs for Migraine)

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

|  |        |   |
|--|--------|---|
| AIMOVIG ( <i>erenumab-aooe</i> ) IMOVIG 140 MG/ML SOLN -INJ            | Tier 2 | PA, QLC (1 injection/28 days)             |
| AIMOVIG ( <i>erenumab-aooe</i> ) IMOVIG 70 MG/ML SOLN -INJ             | Tier 2 | PA, QLC (1 injection/28 days)             |
| AJOVY ( <i>fremanezumab-vfrm</i> ) 225 MG/1.5ML SOLN PRSYR             | Tier 3 | PA, QLC (3 syringes/84 days)              |
| AJOVY ( <i>fremanezumab-vfrm</i> ) JOVY 225 MG/1.5ML SOLN -INJ         | Tier 3 | PA, QLC (3 autoinjectors/84 days)         |
| EMGALITY (300 MG DOSE) ( <i>galcanezumab-gnlm</i> ) 100 /ML SOLN PRSYR | Tier 3 | PA, QLC (3 syringes/30 days)              |
| EMGALITY ( <i>galcanezumab-gnlm</i> ) 120 MG/ML SOLN PRSYR             | Tier 2 | PA, QLC (1 syringe/30 days)               |
| EMGALITY ( <i>galcanezumab-gnlm</i> ) EMGLITY 120 MG/ML SOLN -INJ      | Tier 2 | PA, QLC (1 pen injector/30 days)          |
| NURTEC ( <i>rimegepant sulfate</i> ) 75 MG TAB DISP                    | Tier 2 | PA, QLC (16 tabs/30 days)                 |
| QULIPTA ( <i>atogepant</i> ) 10 MG TAB, 30 MG TAB, 60 MG TAB           | Tier 3 | PA, QLC (1 tab/day)                       |
| UBRELVY ( <i>ubrogepant</i> ) 50 MG TAB, 100 MG TAB                    | Tier 2 | PA, QLC (2 tabs/day; max 16 tabs/30 days) |
| ZAVZPRET ( <i>zavegepant hcl</i> ) 10 MG/ACT SOLUTION                  | Tier 3 | PA, QLC (6 sprayers/30 days)              |

### ERGOT ALKALOIDS (Drugs for Acute Migraine)

|  |        |                         |
|--|--------|-------------------------|
| CAFERGOT ( <i>ergotamine w/ caffeine</i> ) 1-100 MG TAB          | Tier 3 | QLC (10 tabs/week)      |
| D.H.E. 45 ( <i>dihydroergotamine mesylate</i> ) 1 MG/ML SOLUTION | Tier 3 | PA, QLC (24 ml/28 days) |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                    | Tier 1 | PA, QLC (24 ml/28 days) |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>            | Tier 1 | PA, QLC (8 vials/month) |

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OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs;  
QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ERGOMAR ( <i>ergotamine tartrate</i> ) 2 MG SL TAB                        | Tier 3           | QLC (20 tabs/28 days)                   |
| ERGOTAMINE-CAFFEINE ( <i>ergotamine w/ caffeine</i> ) -1-100 MG TAB       | Tier 1           | QLC (10 tabs/week)                      |
| MIGERGOT ( <i>ergotamine w/ caffeine</i> ) 2-100 MG SUPPOS                | Tier 1           | QLC (5 suppositories/week)              |
| MIGRANAL ( <i>dihydroergotamine mesylate</i> ) 4 MG/ML SOLUTION           | Tier 3           | PA, QLC (8 vials/month)                 |
| TRUDHESA ( <i>dihydroergotamine mesylate hfa</i> ) 0.725 MG/ACT AERO SOLN | Tier 3           | PA, QLC (12 ml/28 days)                 |

### **SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)**

|   |        |                             |
|---|--------|-----------------------------|
| <i>almotriptan malate tab 12.5 mg</i>   | Tier 1 | ST, QLC (24 tabs/month)     |
| <i>almotriptan malate tab 6.25 mg</i>   | Tier 1 | ST, QLC (24 tabs/month)     |
| AMERGE ( <i>naratriptan hcl</i> ) 1 MG TAB, 2.5 MG TAB                                | Tier 3 | QLC (18 tabs/month)         |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>                            | Tier 1 | QLC (18 tabs/month)         |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>                            | Tier 1 | QLC (18 tabs/month)         |
| FROVA ( <i>frovatriptan succinate</i> ) 2.5 MG TAB                                    | Tier 3 | ST, QLC (27 tabs/month)     |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>                            | Tier 1 | ST, QLC (27 tabs/month)     |
| IMITREX ( <i>sumatriptan succinate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB             | Tier 3 | QLC (18 tabs/month)         |
| IMITREX ( <i>sumatriptan succinate</i> ) 6 MG/0.5ML SOLUTION                          | Tier 3 | QLC (8 injections/30 days)  |
| IMITREX ( <i>sumatriptan</i> ) 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION                  | Tier 3 | QLC (18 doses/month)        |
| IMITREX STATDOSE REFILL ( <i>sumatriptan succinate</i> ) 4 MG/0.5ML SOLN CART         | Tier 3 | QLC (12 injections/30 days) |
| IMITREX STATDOSE REFILL ( <i>sumatriptan succinate</i> ) 6 MG/0.5ML SOLN CART         | Tier 3 | QLC (8 injections/30 days)  |
| IMITREX STATDOSE SYSTEM ( <i>sumatriptan succinate</i> ) STTDOSE 4 MG/0.5ML SOLN -INJ | Tier 3 | QLC (12 injections/30 days) |

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OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs;  
QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| IMITREX STATDOSE SYSTEM<br>( <i>sumatriptan succinate</i> ) STTDOSE 6<br>MG/0.5ML SOLN -INJ      | Tier 3           | QLC (8 injections/30 days)              |
| MAXALT ( <i>rizatriptan benzoate</i> ) 10 MG<br>TAB  | Tier 3           | QLC (24 tabs/month)                     |
| MAXALT-MLT ( <i>rizatriptan benzoate</i> ) -10<br>MG TAB DISP                                    | Tier 3           | QLC (24 tabs/month)                     |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>   | Tier 1           | QLC (18 tabs/month)                     |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>   | Tier 1           | QLC (18 tabs/month)                     |
| ONZETRA XSAIL ( <i>sumatriptan succinate</i> )<br>11 MG/NOSEPC EXHP                              | Tier 3           | PA, QLC (1 box/month)                   |
| RELPAK ( <i>eletriptan hydrobromide</i> ) 20<br>MG TAB, 40 MG TAB                                | Tier 3           | ST, QLC (18 tabs/month)                 |
| REYVOW ( <i>lasmiditan succinate</i> ) 50 MG<br>TAB, 100 MG TAB                                  | Tier 3           | PA, QLC (8 tabs/30 days)                |
| <i>rizatriptan benzoate oral disintegrating<br/>tab 10 mg (base eq)</i>                          | Tier 1           | QLC (24 tabs/month)                     |
| <i>rizatriptan benzoate oral disintegrating<br/>tab 5 mg (base eq)</i>                           | Tier 1           | QLC (24 tabs/month)                     |
| <i>rizatriptan benzoate tab 10 mg (base<br/>equivalent)</i>                                      | Tier 1           | QLC (24 tabs/month)                     |
| <i>rizatriptan benzoate tab 5 mg (base<br/>equivalent)</i>                                       | Tier 1           | QLC (24 tabs/month)                     |
| <i>sumatriptan nasal spray 20 mg/act</i>   | Tier 1           | QLC (18 nasal sprays/month)             |
| <i>sumatriptan nasal spray 5 mg/act</i>  | Tier 1           | QLC (18 nasal sprays/month)             |
| SUMATRIPTAN SUCCINATE 6<br>MG/0.5ML SOLN PRSYR   | Tier 1           | QLC (8 injections/30 days)              |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>  | Tier 1           | QLC (8 injections/30 days)              |
| SUMATRIPTAN SUCCINATE REFILL 4<br>MG/0.5ML SOLN CART   | Tier 1           | QLC (12 injections/30 days)             |
| SUMATRIPTAN SUCCINATE REFILL 6<br>MG/0.5ML SOLN CART   | Tier 1           | QLC (8 injections/30 days)              |
| <i>sumatriptan succinate solution auto-<br/>injector 4 mg/0.5ml</i>                              | Tier 1           | QLC (12 injections/30 days)             |
| <i>sumatriptan succinate solution auto-<br/>injector 6 mg/0.5ml</i>                              | Tier 1           | QLC (8 injections/30 days)              |
| <i>sumatriptan succinate solution cartridge<br/>4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE<br>REFILL) | Tier 1           | QLC (12 injections/30 days)             |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step  
Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL) | Tier 1           | QLC (8 injections/30 days)              |
| <i>sumatriptan succinate tab 100 mg</i>   | Tier 1           | QLC (18 tabs/month)                     |
| <i>sumatriptan succinate tab 25 mg</i>  | Tier 1           | QLC (18 tabs/month)                     |
| <i>sumatriptan succinate tab 50 mg</i>  | Tier 1           | QLC (18 tabs/month)                     |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i>  | Tier 1           | PA, QLC (9 tabs/month)                  |
| TOSYMRA ( <i>sumatriptan</i> ) 10 MG/ACT SOLUTION   | Tier 3           | PA, QLC (12 bottles/30 days)            |
| TREXIMET ( <i>sumatriptan-naproxen sodium</i> ) 85-500 MG TAB                             | Tier 3           | PA, QLC (9 tabs/month)                  |
| ZEMBRACE SYMTOUCH ( <i>sumatriptan succinate</i> ) ZEMBRACE 3 MG/0.5ML SOLN -INJ          | Tier 3           | ST, QLC (16 injections/30 days)         |
| ZOLMITRIPTAN 2.5 MG SOLUTION  | Tier 3           | ST, QLC (18 doses/month)                |
| <i>zolmitriptan nasal spray 5 mg/spray unit mg/</i>                                       | Tier 1           | ST, QLC (18 doses/month)                |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i>                                      | Tier 1           | QLC (18 tabs/month)                     |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>  | Tier 1           | QLC (18 tabs/month)                     |
| <i>zolmitriptan tab 2.5 mg</i>  | Tier 1           | QLC (18 tabs/month)                     |
| zolmitriptan tab 2.5 mg (Zomig)   | Tier 3           | QLC (18 tabs/month)                     |
| <i>zolmitriptan tab 5 mg</i>  | Tier 1           | QLC (18 tabs/month)                     |
| zolmitriptan tab 5 mg (Zomig)   | Tier 3           | QLC (18 tabs/month)                     |
| ZOMIG ( <i>zolmitriptan</i> ) 2.5 MG SOLUTION, 5 MG SOLUTION                              | Tier 3           | ST, QLC (18 doses/month)                |
| ZOMIG ( <i>zolmitriptan</i> ) 2.5 MG TAB, 5 MG TAB  | Tier 3           | QLC (18 tabs/month)                     |
| ZOMIG ZMT ( <i>zolmitriptan</i> ) 2.5 MG TAB DISP, 5 MG TAB DISP                          | Tier 3           | QLC (18 tabs/month)                     |

## **ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)**

### **PARASYMPATHOMIMETICS**

|                          |        |
|--------------------------|--------|
| GUANIDINE HCL 125 MG TAB | Tier 1 |
|--------------------------|--------|

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| MESTINON ( <i>pyridostigmine bromide</i> ) 180 MG TAB ER  | Tier 3           | QLC (6 tabs/day)                        |
| MESTINON ( <i>pyridostigmine bromide</i> ) 60 MG TAB  | Tier 3           | QLC (25 tabs/day)                       |
| MESTINON ( <i>pyridostigmine bromide</i> ) 60 MG/5ML SOLUTION   | Tier 3           | QLC (50 ml/day)                         |
| PYRIDOSTIGMINE BROMIDE 30 MG TAB  | Tier 1           | QLC (6 tabs/day)                        |
| <i>pyridostigmine bromide oral soln 60 mg/5ml</i>   | Tier 1           | QLC (50 ml/day)                         |
| <i>pyridostigmine bromide tab 60 mg</i>   | Tier 1           | QLC (25 tabs/day)                       |
| <i>pyridostigmine bromide tab er 180 mg</i> (PYRIDOSTIGMINE BROMIDE ER)   | Tier 1           | QLC (6 tabs/day)                        |
| ZILBRYSQ ( <i>zilucoplan sodium</i> ) 16.6 MG/0.416ML SOLN PRSYR, 23 MG/0.574ML SOLN PRSYR, 32.4 MG/0.81ML SOLN PRSYR | Tier 4           | PA, LA, QLC (one syringe/day)           |

## **ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)**

### **ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)**

|   |        |  |
|---|--------|--|
| <i>dapsone tab 100 mg</i>                 | Tier 1 |  |
| <i>dapsone tab 25 mg</i>                  | Tier 1 |  |
| MYCOBUTIN ( <i>rifabutin</i> ) 150 MG CAP | Tier 3 |  |
| <i>rifabutin cap 150 mg</i>               | Tier 1 |  |

### **ANTITUBERCULARS (Drugs for Tuberculosis)**

|  |        |  |
|--|--------|--|
| <i>cycloserine cap 250 mg</i>                    | Tier 3 |  |
| <i>ethambutol hcl tab 100 mg</i>                 | Tier 1 |  |
| <i>ethambutol hcl tab 400 mg</i>                 | Tier 1 |  |
| <i>isoniazid syrup 50 mg/5ml</i>                 | Tier 1 |  |
| <i>isoniazid tab 100 mg</i>                      | Tier 1 |  |
| <i>isoniazid tab 300 mg</i>                      | Tier 1 |  |
| MYAMBUTOL ( <i>ethambutol hcl</i> ) 400 MG TAB   | Tier 3 |  |
| PASER ( <i>aminosalicylic acid</i> ) 4 GM PACKET | Tier 3 |  |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step  
Therapy

| <b>PRESCRIPTION DRUG NAME</b>                      | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>               |
|--|------------------|---|
| PRETOMANID 200 MG TAB                              | Tier 3           | QLC (1 tab/day)                                       |
| PRIFTIN ( <i>rifapentine</i> ) 150 MG TAB          | Tier 2           |   |
| <i>pyrazinamide tab 500 mg</i>                     | Tier 1           |   |
| <i>rifampin cap 150 mg</i>                         | Tier 1           |   |
| <i>rifampin cap 300 mg</i>                         | Tier 1           |   |
| SIRTURO ( <i>bedaquiline fumarate</i> ) 100 MG TAB | Tier 4           | PA, LA, QLC (24 tabs/28 days, max 188 tabs/168 days)  |
| SIRTURO ( <i>bedaquiline fumarate</i> ) 20 MG TAB  | Tier 4           | PA, LA, QLC (120 tabs/28 days, max 940 tabs/168 days) |
| TRECTOR ( <i>ethionamide</i> ) 250 MG TAB          | Tier 3           |   |

## **ANTINEOPLASTICS (Drugs for Cancer)**

### **ALKYLATING AGENTS**

|  |        |                         |
|--|--------|-------------------------|
| ALKERAN ( <i>melphalan</i> ) 2 MG TAB  | Tier 3 | OAC                     |
| CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB                    | Tier 2 | OAC                     |
| <i>cyclophosphamide cap 25 mg</i>  | Tier 2 | OAC                     |
| <i>cyclophosphamide cap 50 mg</i>  | Tier 2 | OAC                     |
| GLEOSTINE ( <i>lomustine</i> ) 10 MG CAP, 40 MG CAP, 100 MG CAP                | Tier 4 | OAC                     |
| LEUKERAN ( <i>chlorambucil</i> ) 2 MG TAB                                      | Tier 2 | OAC                     |
| MATULANE ( <i>procarbazine hcl</i> ) 50 MG CAP                                 | Tier 2 | LA, OAC                 |
| MELPHALAN 2 MG TAB   | Tier 1 | OAC                     |
| MYLERAN ( <i>busulfan</i> ) 2 MG TAB   | Tier 2 | OAC                     |
| TEMODAR ( <i>temozolomide</i> ) 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP | Tier 4 | S (Specialty Drug), OAC |
| <i>temozolomide cap 100 mg</i>   | Tier 4 | S (Specialty Drug), OAC |
| <i>temozolomide cap 140 mg</i>   | Tier 4 | S (Specialty Drug), OAC |
| <i>temozolomide cap 180 mg</i>   | Tier 4 | S (Specialty Drug), OAC |
| <i>temozolomide cap 20 mg</i>  | Tier 4 | S (Specialty Drug), OAC |
| <i>temozolomide cap 250 mg</i>   | Tier 4 | S (Specialty Drug), OAC |
| <i>temozolomide cap 5 mg</i>   | Tier 4 | S (Specialty Drug), OAC |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### ANTIANDROGENS

|   |        |   |
|---|--------|---|
| <i>abiraterone acetate tab 250 mg</i>                   | Tier 4 | PA, S (Specialty Drug), QLC (4 tabs/day), OAC         |
| <i>abiraterone acetate tab 500 mg</i>                   | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day), OAC         |
| <i>bicalutamide tab 50 mg</i>                           | Tier 1 | OAC   |
| CASODEX ( <i>bicalutamide</i> ) 50 MG TAB               | Tier 3 | OAC   |
| ERLEADA ( <i>apalutamide</i> ) 240 MG TAB               | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC      |
| ERLEADA ( <i>apalutamide</i> ) 60 MG TAB                | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC     |
| EULEXIN ( <i>flutamide</i> ) 125 MG CAP                 | Tier 4 | OAC   |
| FLUTAMIDE 125 MG CAP                                    | Tier 1 | OAC   |
| NILANDRON ( <i>nilutamide</i> ) 150 MG TAB              | Tier 4 | QLC (1 tab/day), OAC                                  |
| <i>nilutamide tab 150 mg</i>                            | Tier 4 | QLC (1 tab/day), OAC                                  |
| NUBEQA ( <i>darolutamide</i> ) 300 MG TAB               | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| ORSERDU ( <i>elacestrant hydrochloride</i> ) 345 MG TAB | Tier 4 | PA, LA, QLC (1 tab/day), OAC, SF                      |
| ORSERDU ( <i>elacestrant hydrochloride</i> ) 86 MG TAB  | Tier 4 | PA, LA, QLC (3 tabs/day), OAC, SF                     |
| XTANDI ( <i>enzalutamide</i> ) 40 MG CAP                | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF |
| XTANDI ( <i>enzalutamide</i> ) 40 MG TAB                | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| XTANDI ( <i>enzalutamide</i> ) 80 MG TAB                | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF |
| YONSA ( <i>abiraterone acetate</i> ) 125 MG TAB         | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| ZYTIGA ( <i>abiraterone acetate</i> ) 250 MG TAB        | Tier 4 | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC     |
| ZYTIGA ( <i>abiraterone acetate</i> ) 500 MG TAB        | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF |

### ANTIANGIOGENIC AGENTS

|                               |        |  |
|-------------------------------|--------|--|
| <i>lenalidomide cap 10 mg</i> | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC |
|-------------------------------|--------|--|

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>           |
|--|------------------|---|
| <i>lenalidomide cap 15 mg</i>  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| <i>lenalidomide cap 20 mg</i>  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| <i>lenalidomide cap 25 mg</i>  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| <i>lenalidomide cap 5 mg</i>   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| <i>lenalidomide caps 2.5 mg</i>  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| POMALYST ( <i>pomalidomide</i> ) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP    | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| REVLIMID ( <i>lenalidomide</i> ) 2.5 MG CAP, 20 MG CAP                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| REVLIMID ( <i>lenalidomide</i> ) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| THALOMID ( <i>thalidomide</i> ) 150 MG CAP, 200 MG CAP                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC |
| THALOMID ( <i>thalidomide</i> ) 50 MG CAP, 100 MG CAP                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC  |
| <b>ANTIESTROGENS/MODIFIERS</b>   |                  |   |
| EMCYT ( <i>estramustine phosphate sodium</i> ) 140 MG CAP                  | Tier 2           | OAC   |
| FARESTON ( <i>toremifene citrate</i> ) 60 MG TAB                           | Tier 3           | OAC   |
| SOLTAMOX ( <i>tamoxifen citrate</i> ) 10 MG/5ML SOLUTION                   | Tier 3           | OAC   |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>                       | Tier 1           | ACA (Preventive Health), OAC                      |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>                       | Tier 1           | ACA (Preventive Health), OAC                      |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>                      | Tier 1           | OAC   |
| <b>ANTIMETABOLITES</b>   |                  |   |
| <i>capecitabine tab 150 mg</i>   | Tier 4           | S (Specialty Drug), OAC                           |
| <i>capecitabine tab 500 mg</i>   | Tier 4           | S (Specialty Drug), OAC                           |
| <i>mercaptopurine tab 50 mg</i>  | Tier 1           | OAC   |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step  
Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                                   |
|--|------------------|---|
| ONUREG ( <i>azacitidine</i> ) 200 MG TAB, 300 MG TAB                                   | Tier 4           | PA, S (Specialty Drug), QLC (14 tabs/28 days), OAC                        |
| PURIXAN ( <i>mercaptopurine</i> ) 2000 MG/100ML SUSPENSION                             | Tier 4           | LA, AL1 (Up to 10 yrs old), S (Specialty Drug), QLC (1 bottle/month), OAC |
| TABLOID ( <i>thioguanine</i> ) LOID 40 MG  | Tier 2           | OAC   |
| XELODA ( <i>capecitabine</i> ) 150 MG TAB, 500 MG TAB                                  | Tier 4           | S (Specialty Drug), OAC   |
| <b>ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)</b>                                 |                  |   |
| AKEEGA ( <i>niraparib tosylate-abiraterone acetate</i> ) 50-500 MG TAB, 100-500 MG TAB | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF   |
| AUGTYRO ( <i>repotrectinib</i> ) 160 MG CAP  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC                         |
| AUGTYRO ( <i>repotrectinib</i> ) 40 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF                     |
| FRUZAQLA ( <i>fruquintinib</i> ) 1 MG CAP  | Tier 4           | PA, LA, QLC (84 caps/28 days), OAC  |
| FRUZAQLA ( <i>fruquintinib</i> ) 5 MG CAP  | Tier 4           | PA, LA, QLC (21 caps/28 days), OAC  |
| HYDREA ( <i>hydroxyurea</i> ) 500 MG CAP   | Tier 3           | OAC   |
| <i>hydroxyurea cap 500 mg</i>  | Tier 1           | OAC   |
| INQOVI ( <i>decitabine-cedazuridine</i> ) 35-100 MG                                    | Tier 4           | PA, LA, S (Specialty Drug), QLC (5 tabs/28 days), OAC                     |
| IWILFIN ( <i>eflornithine hydrochloride</i> ) 192 MG TAB                               | Tier 4           | PA, LA, QLC (8 tabs/day), OAC   |
| <i>leucovorin calcium tab 10 mg</i>  | Tier 1           | OAC   |
| <i>leucovorin calcium tab 15 mg</i>  | Tier 1           | OAC   |
| <i>leucovorin calcium tab 25 mg</i>  | Tier 1           | OAC   |
| <i>leucovorin calcium tab 5 mg</i>   | Tier 1           | OAC   |
| LONSURF ( <i>trifluridine-tipiracil</i> ) 15-6.14 MG TAB                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (100 tabs/28 days), OAC                   |
| LONSURF ( <i>trifluridine-tipiracil</i> ) 20-8.19 MG TAB                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (80 tabs/28 days), OAC                    |
| LYSODREN ( <i>mitotane</i> ) 500 MG TAB  | Tier 2           | OAC, SF   |
| OJJAARA ( <i>momelotinib dihydrochloride</i> ) 100 MG TAB, 150 MG TAB, 200 MG TAB      | Tier 4           | PA, LA, QLC (1 tab/day), OAC  |
| QINLOCK ( <i>ripretinib</i> ) 50 MG TAB  | Tier 4           | PA, LA, QLC (3 tabs/day), OAC   |
| WELIREG ( <i>belzutifan</i> ) 40 MG TAB  | Tier 4           | PA, LA, QLC (3 tabs/day), OAC, SF   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>               |
|---|------------------|---|
| ZOLINZA ( <i>vorinostat</i> ) 100 MG CAP  | Tier 4           | PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF     |
| <b>AROMATASE INHIBITORS, 3RD GENERATION</b>   |                  |   |
| <i>anastrozole tab 1 mg</i>   | Tier 1           | ACA (Preventive Health), OAC                          |
| ARIMIDEX ( <i>anastrozole</i> ) 1 MG TAB  | Tier 3           | OAC   |
| AROMASIN ( <i>exemestane</i> ) 25 MG TAB  | Tier 3           | OAC   |
| <i>exemestane tab 25 mg</i>   | Tier 1           | OAC   |
| FEMARA ( <i>letrozole</i> ) 2.5 MG TAB  | Tier 3           | OAC   |
| <i>letrozole tab 2.5 mg</i>   | Tier 1           | OAC   |
| <b>ENZYME INHIBITORS</b>  |                  |   |
| ETOPOSIDE 50 MG CAP   | Tier 4           | OAC   |
| HYCAMTIN ( <i>topotecan hcl</i> ) 0.25 MG CAP, 1 MG CAP                                 | Tier 4           | S (Specialty Drug), OAC                               |
| LAZCLUZE ( <i>lazertinib mesylate</i> ) 240 MG TAB                                      | Tier 4           | PA, LA, QLC (1 tab/day), OAC, SF                      |
| LAZCLUZE ( <i>lazertinib mesylate</i> ) 80 MG TAB                                       | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF                     |
| OJEMDA ( <i>tovorafenib</i> ) 100 MG TAB  | Tier 4           | PA, LA, QLC (24 tabs/28 days), OAC                    |
| OJEMDA ( <i>tovorafenib</i> ) 25 MG/ML RECON SUSP                                       | Tier 4           | PA, LA, QLC (96 ml/28 days), OAC                      |
| TRUQAP ( <i>capivasertib</i> ) 160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK | Tier 4           | PA, LA, QLC (64 tabs/28 days), OAC                    |
| <b>MOLECULAR TARGET INHIBITORS</b>  |                  |   |
| AFINITOR ( <i>everolimus</i> ) 2.5 MG TAB, 5 MG TAB                                     | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF      |
| AFINITOR ( <i>everolimus</i> ) 7.5 MG TAB, 10 MG TAB                                    | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF     |
| AFINITOR DISPERZ ( <i>everolimus</i> ) 2 MG TAB SOL                                     | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF     |
| AFINITOR DISPERZ ( <i>everolimus</i> ) 3 MG TAB SOL                                     | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF     |
| AFINITOR DISPERZ ( <i>everolimus</i> ) 5 MG TAB SOL                                     | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF      |
| ALECENSA ( <i>alectinib hcl</i> ) 150 MG CAP  | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                    |
|---|------------------|--|
| ALUNBRIG ( <i>brigatinib</i> ) 30 MG TAB  | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF                          |
| ALUNBRIG ( <i>brigatinib</i> ) 90 & 180 MG TAB<br>THPK, 90 MG TAB, 180 MG TAB                 | Tier 4           | PA, LA, QLC (1 tab/day), OAC, SF                           |
| AYVAKIT ( <i>avapritinib</i> ) 25 MG TAB, 50 MG<br>TAB, 100 MG TAB, 200 MG TAB, 300 MG<br>TAB | Tier 4           | PA, LA, QLC (1 tab/day), OAC, SF                           |
| BALVERSA ( <i>erdafitinib</i> ) 3 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (3<br>tabs/day), OAC, SF   |
| BALVERSA ( <i>erdafitinib</i> ) 4 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2<br>tabs/day), OAC, SF   |
| BALVERSA ( <i>erdafitinib</i> ) 5 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1<br>tab/day), OAC, SF    |
| BOSULIF ( <i>bosutinib</i> ) 100 MG CAP   | Tier 4           | PA, S (Specialty Drug), QLC (6<br>caps/day), OAC           |
| BOSULIF ( <i>bosutinib</i> ) 100 MG TAB   | Tier 4           | PA, S (Specialty Drug), QLC (4<br>tabs/day), OAC, SF       |
| BOSULIF ( <i>bosutinib</i> ) 400 MG TAB, 500<br>MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1<br>tab/day), OAC, SF        |
| BOSULIF ( <i>bosutinib</i> ) 50 MG CAP  | Tier 4           | PA, S (Specialty Drug), QLC (1<br>cap/day), OAC            |
| BRAFTOVI ( <i>encorafenib</i> ) 75 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (6<br>caps/day), OAC       |
| BRUKINSA ( <i>zanubrutinib</i> ) 80 MG CAP  | Tier 4           | PA, LA, QLC (4 caps/day), OAC, SF                          |
| CABOMETYX ( <i>cabozantinib s-malate</i> ) 20<br>MG TAB, 40 MG TAB, 60 MG TAB                 | Tier 4           | PA, LA, S (Specialty Drug), QLC (1<br>tab/day), OAC, SF    |
| CALQUENCE ( <i>acalabrutinib maleate</i> )<br>100 MG TAB                                      | Tier 4           | PA, LA, QLC (2 caps/day), OAC, SF                          |
| CALQUENCE ( <i>acalabrutinib</i> ) 100 MG<br>CAP  | Tier 4           | PA, LA, QLC (2 caps/day), OAC, SF                          |
| CAPRELSA ( <i>vandetanib</i> ) 100 MG TAB   | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                              |
| CAPRELSA ( <i>vandetanib</i> ) 300 MG TAB   | Tier 4           | PA, LA, QLC (1 tab/day), OAC                               |
| COMETRIQ (100 MG DAILY DOSE)<br>( <i>cabozantinib s-malate</i> ) 80 & 20 KIT                  | Tier 4           | PA, LA, S (Specialty Drug), QLC (56<br>caps/28 days), OAC  |
| COMETRIQ (140 MG DAILY DOSE)<br>( <i>cabozantinib s-malate</i> ) 3 X 20 & 80 KIT              | Tier 4           | PA, LA, S (Specialty Drug), QLC (112<br>caps/28 days), OAC |
| COMETRIQ (60 MG DAILY DOSE)<br>( <i>cabozantinib s-malate</i> ) 20 KIT                        | Tier 4           | PA, LA, S (Specialty Drug), QLC (84<br>caps/28 days), OAC  |
| COPIKTRA ( <i>duvelisib</i> ) 15 MG CAP, 25 MG<br>CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (56<br>caps/28 days), OAC  |

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| <b>PRESCRIPTION DRUG NAME</b>                               | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                |
|---|------------------|--|
| COTELLIC ( <i>cobimetinib fumarate</i> ) 20 MG TAB          | Tier 4           | PA, LA, S (Specialty Drug), QLC (63 tabs/28 days), OAC |
| DANZITEN ( <i>nilotinib tartrate</i> ) 71 MG TAB, 95 MG TAB | Tier 4           | PA, LA, QLC (4 tabs/day), OAC                          |
| <i>dasatinib tab 100 mg</i>                                 | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| <i>dasatinib tab 140 mg</i>                                 | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| <i>dasatinib tab 20 mg</i>                                  | Tier 4           | PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF      |
| <i>dasatinib tab 50 mg</i>                                  | Tier 4           | PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF      |
| <i>dasatinib tab 70 mg</i>                                  | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF      |
| <i>dasatinib tab 80 mg</i>                                  | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF      |
| DAURISMO ( <i>glasdegib maleate</i> ) 100 MG TAB            | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF   |
| DAURISMO ( <i>glasdegib maleate</i> ) 25 MG TAB             | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF  |
| ERIVEDGE ( <i>vismodegib</i> ) 150 MG CAP                   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF   |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i>           | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i>           | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>            | Tier 4           | PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF      |
| <i>everolimus tab 10 mg</i>                                 | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC          |
| everolimus tab 10 mg (Torpenz)                              | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                          |
| <i>everolimus tab 2.5 mg</i>                                | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| everolimus tab 2.5 mg (Torpenz)                             | Tier 4           | PA, LA, QLC (1 tab/day), OAC, SF                       |
| <i>everolimus tab 5 mg</i>                                  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| everolimus tab 5 mg (Torpenz)                               | Tier 4           | PA, LA, QLC (1 tab/day), OAC, SF                       |
| <i>everolimus tab 7.5 mg</i>                                | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF      |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                |
|---|------------------|--|
| everolimus tab 7.5 mg (Torpenz)   | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF                      |
| <i>everolimus tab for oral susp 2 mg</i>                                      | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC          |
| <i>everolimus tab for oral susp 3 mg</i>                                      | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day), OAC          |
| <i>everolimus tab for oral susp 5 mg</i>                                      | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC           |
| EXKIVITY ( <i>mobocertinib succinate</i> ) 40 MG CAP                          | Tier 4           | PA, LA, QLC (4 caps/day), OAC, SF                      |
| FARYDAK ( <i>panobinostat lactate</i> ) 10 MG CAP, 15 MG CAP, 20 MG CAP       | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 caps/21 days), OAC  |
| FOTIVDA ( <i>tivozanib hcl</i> ) 0.89 MG CAP, 1.34 MG CAP                     | Tier 4           | PA, LA, QLC (21 caps/28 days), OAC                     |
| GAVRETO ( <i>pralsetinib</i> ) 100 MG CAP                                     | Tier 4           | PA, LA, QLC (4 caps/day), OAC                          |
| <i>gefitinib tab 250 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF       |
| GILOTRIF ( <i>afatinib dimaleate</i> ) 20 MG TAB, 30 MG TAB, 40 MG TAB        | Tier 4           | PA, LA, QLC (1 tab/day), OAC                           |
| GLEEVEC ( <i>imatinib mesylate</i> ) 100 MG TAB                               | Tier 4           | PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF      |
| GLEEVEC ( <i>imatinib mesylate</i> ) 400 MG TAB                               | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF      |
| IBRANCE ( <i>palbociclib</i> ) 100 MG TAB                                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC |
| IBRANCE ( <i>palbociclib</i> ) 75 MG CAP, 100 MG CAP, 125 MG CAP              | Tier 4           | PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC |
| IBRANCE ( <i>palbociclib</i> ) 75 MG TAB, 125 MG TAB                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC |
| ICLUSIG ( <i>ponatinib hcl</i> ) 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB   | Tier 4           | PA, LA, QLC (1 tab/day), OAC                           |
| IDHIFA ( <i>enasidenib mesylate</i> ) 50 MG TAB, 100 MG TAB                   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC       |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i>                         | Tier 4           | PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF      |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i>                         | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF      |
| IMBRUVICA ( <i>ibrutinib</i> ) 140 MG CAP                                     | Tier 4           | PA, LA, QLC (3 caps/day), OAC                          |
| IMBRUVICA ( <i>ibrutinib</i> ) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB | Tier 4           | PA, LA, QLC (1 tab/day), OAC                           |

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|--|------------------|---|
| IMBRUVICA ( <i>ibrutinib</i> ) 70 MG CAP   | Tier 4           | PA, LA, QLC (1 cap/day), OAC                          |
| IMBRUVICA ( <i>ibrutinib</i> ) 70 MG/ML SUSPENSION   | Tier 4           | PA, LA, QLC (6 ml/day), OAC                           |
| IMKELDI ( <i>imatinib mesylate</i> ) 80 MG/ML SOLUTION                                       | Tier 4           | PA, LA, QLC (10 ml/day), OAC                          |
| INLYTA ( <i>axitinib</i> ) 1 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC, SF |
| INLYTA ( <i>axitinib</i> ) 5 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| INREBIC ( <i>fedratinib hcl</i> ) 100 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF |
| IRESSA ( <i>gefitinib</i> ) 250 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF  |
| ITOVEBI ( <i>inavolisib</i> ) 3 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC     |
| ITOVEBI ( <i>inavolisib</i> ) 9 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC      |
| JAKAFI ( <i>ruxolitinib phosphate</i> ) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF |
| JAYPIRCA ( <i>pirtobrutinib</i> ) 100 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF |
| JAYPIRCA ( <i>pirtobrutinib</i> ) 50 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF  |
| KISQALI (200 MG DOSE) ( <i>ribociclib succinate</i> ) (TAB THPK                              | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC     |
| KISQALI (400 MG DOSE) ( <i>ribociclib succinate</i> ) 200 TAB THPK                           | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC     |
| KISQALI (600 MG DOSE) ( <i>ribociclib succinate</i> ) 200 TAB THPK                           | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC     |
| KISQALI FEMARA (200 MG DOSE) ( <i>ribociclib succinate-letrozole</i> ) (& 2.5 TAB THPK       | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC     |
| KISQALI FEMARA (400 MG DOSE) ( <i>ribociclib succinate-letrozole</i> ) 200 & 2.5 TAB THPK    | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC     |
| KISQALI FEMARA (600 MG DOSE) ( <i>ribociclib succinate-letrozole</i> ) 200 & 2.5 TAB THPK    | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/28 days), OAC     |
| KOSELUGO ( <i>selumetinib sulfate</i> ) 10 MG CAP  | Tier 4           | PA, LA, QLC (8 caps/day), OAC                         |

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|---|------------------|---|
| KOSELUGO ( <i>selumetinib sulfate</i> ) 25 MG CAP                             | Tier 4           | PA, LA, QLC (4 caps/day), OAC                         |
| KRAZATI ( <i>adagrasib</i> ) 200 MG TAB                                       | Tier 4           | PA, LA, QLC (6 tabs/day), OAC, SF                     |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i>                           | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC     |
| LENVIMA (10 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) CAP THPK            | Tier 4           | PA, LA, S (Specialty Drug), QLC (30 caps/month), OAC  |
| LENVIMA (12 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) 3 X 4 CAP THPK      | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC     |
| LENVIMA (14 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (110 & CAP THPK     | Tier 4           | PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC  |
| LENVIMA (18 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) 10 & 2 X 4 CAP THPK | Tier 4           | PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC  |
| LENVIMA (20 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (0 X 10 CAP THPK    | Tier 4           | PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC  |
| LENVIMA (24 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (X 10 & CAP THPK    | Tier 4           | PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC  |
| LENVIMA (4 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (CAP THPK            | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC      |
| LENVIMA (8 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) 2 X 4 CAP THPK       | Tier 4           | PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC  |
| LORBRENA ( <i>lorlatinib</i> ) 100 MG TAB                                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF  |
| LORBRENA ( <i>lorlatinib</i> ) 25 MG TAB                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF |
| LUMAKRAS ( <i>sotorasib</i> ) 120 MG TAB                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF |
| LUMAKRAS ( <i>sotorasib</i> ) 240 MG TAB                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC     |
| LUMAKRAS ( <i>sotorasib</i> ) 320 MG TAB                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF |
| LYNPARZA ( <i>olaparib</i> ) 100 MG TAB, 150 MG TAB                           | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| LYTGOBI (12 MG DAILY DOSE) ( <i>futibatinib</i> ) 4 TAB THPK                  | Tier 4           | PA, LA, QLC (84 tabs/28 days), OAC                    |
| LYTGOBI (16 MG DAILY DOSE) ( <i>futibatinib</i> ) 4 TAB THPK                  | Tier 4           | PA, LA, QLC (112 tabs/28 days), OAC                   |
| LYTGOBI (20 MG DAILY DOSE) ( <i>futibatinib</i> ) 4 TAB THPK                  | Tier 4           | PA, LA, QLC (140 tabs/28 days), OAC                   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>               |
|---|------------------|---|
| MEKINIST ( <i>trametinib dimethyl sulfoxide</i> ) 0.05 MG/ML RECON SOLN | Tier 4           | PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC      |
| MEKINIST ( <i>trametinib dimethyl sulfoxide</i> ) 0.5 MG TAB            | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC     |
| MEKINIST ( <i>trametinib dimethyl sulfoxide</i> ) 2 MG TAB              | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC      |
| MEKTOVI ( <i>binimetinib</i> ) 15 MG TAB                                | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC     |
| NERLYNX ( <i>neratinib maleate</i> ) 40 MG TAB                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC, SF |
| NEXAVAR ( <i>sorafenib tosylate</i> ) 200 MG TAB                        | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| NINLARO ( <i>ixazomib citrate</i> ) 2.3 MG CAP, 3 MG CAP, 4 MG CAP      | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/21 days), OAC |
| ODOMZO ( <i>sonidegib phosphate</i> ) 200 MG CAP                        | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF  |
| OGSIVEO ( <i>nirogacestat hydrobromide</i> ) 100 MG TAB, 150 MG TAB     | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF                     |
| OGSIVEO ( <i>nirogacestat hydrobromide</i> ) 50 MG TAB                  | Tier 4           | PA, LA, QLC (6 tabs/day), OAC, SF                     |
| <i>pazopanib hcl tab 200 mg (base equiv)</i>                            | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF     |
| PEMAZYRE ( <i>pemigatinib</i> ) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB       | Tier 4           | PA, LA, QLC (1 tab/day), OAC                          |
| PIQRAY (200 MG DAILY DOSE) ( <i>apellisib</i> ) (TAB THPK               | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC          |
| PIQRAY (250 MG DAILY DOSE) ( <i>apellisib</i> ) 200 & TAB THPK          | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC         |
| PIQRAY (300 MG DAILY DOSE) ( <i>apellisib</i> ) 2 X 150 TAB THPK        | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC         |
| RETEVMO ( <i>selpercatinib</i> ) 40 MG CAP                              | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF |
| RETEVMO ( <i>selpercatinib</i> ) 40 MG TAB                              | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF |
| RETEVMO ( <i>selpercatinib</i> ) 80 MG CAP                              | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF |
| RETEVMO ( <i>selpercatinib</i> ) 80 MG TAB, 120 MG TAB, 160 MG TAB      | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF |
| REVUFORJ ( <i>revumenib citrate</i> ) 110 MG TAB                        | Tier 4           | PA, LA, QLC (4 tabs/day), OAC, SF                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>   |
|---|------------------|---|
| REVUFORJ ( <i>revumenib citrate</i> ) 160 MG TAB                          | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF   |
| REZLIDHIA ( <i>olutasidenib</i> ) 150 MG CAP                              | Tier 4           | PA, LA, QLC (2 caps/day), OAC, SF   |
| ROZLYTREK ( <i>entrectinib</i> ) 100 MG CAP                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (5 caps/day), OAC, SF                                     |
| ROZLYTREK ( <i>entrectinib</i> ) 200 MG CAP                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF                                     |
| ROZLYTREK ( <i>entrectinib</i> ) 50 MG PACKET                             | Tier 4           | PA, LA, S (Specialty Drug), QLC (10 packs/day), OAC, SF                                   |
| RUBRACA ( <i>rucaparib camsylate</i> ) 200 MG TAB, 250 MG TAB, 300 MG TAB | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF                                     |
| RYDAPT ( <i>midostaurin</i> ) 25 MG CAP                                   | Tier 4           | PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC |
| SCEMBLIX ( <i>asciminib hcl</i> ) 100 MG TAB                              | Tier 4           | PA, LA, QLC (4 tabs/day), OAC   |
| SCEMBLIX ( <i>asciminib hcl</i> ) 20 MG TAB                               | Tier 4           | PA, LA, QLC (2 tabs/day), OAC   |
| SCEMBLIX ( <i>asciminib hcl</i> ) 40 MG TAB                               | Tier 4           | PA, LA, QLC (8 tabs/day), OAC   |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i>                    | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day), OAC   |
| SPRYCEL ( <i>dasatinib</i> ) 100 MG TAB, 140 MG TAB                       | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF  |
| SPRYCEL ( <i>dasatinib</i> ) 20 MG TAB, 50 MG TAB                         | Tier 4           | PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF   |
| SPRYCEL ( <i>dasatinib</i> ) 70 MG TAB, 80 MG TAB                         | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF   |
| STIVARGA ( <i>regorafenib</i> ) 40 MG TAB                                 | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC   |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i>                     | Tier 4           | PA, S (Specialty Drug), QLC (3 caps/day), OAC, SF   |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>                       | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF  |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i>                     | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF  |
| <i>sunitinib malate cap 50 mg (base equivalent)</i>                       | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF  |
| SUTENT ( <i>sunitinib malate</i> ) 12.5 MG CAP                            | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF                                     |
| SUTENT ( <i>sunitinib malate</i> ) 25 MG CAP, 37.5 MG CAP, 50 MG CAP      | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF                                      |

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|--|------------------|--|
| SYNRIBO ( <i>omacetaxine mepesuccinate</i> ) 3.5 MG RECON SOLN                   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 vials/day)          |
| TABRECTA ( <i>capmatinib hcl</i> ) 150 MG TAB, 200 MG TAB                        | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day), OAC          |
| TAFINLAR ( <i>dabrafenib mesylate</i> ) 10 MG TAB SOL                            | Tier 4           | PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC     |
| TAFINLAR ( <i>dabrafenib mesylate</i> ) 50 MG CAP, 75 MG CAP                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC      |
| TAGRISSE ( <i>osimertinib mesylate</i> ) 40 MG TAB, 80 MG TAB                    | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF   |
| TALZENNA ( <i>talazoparib tosylate</i> ) 0.1 MG CAP, 0.5 MG CAP, 0.75 MG CAP     | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF   |
| TALZENNA ( <i>talazoparib tosylate</i> ) 0.25 MG CAP                             | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF  |
| TALZENNA ( <i>talazoparib tosylate</i> ) 0.35 MG CAP                             | Tier 4           | LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF       |
| TALZENNA ( <i>talazoparib tosylate</i> ) 1 MG CAP                                | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF   |
| TARCEVA ( <i>erlotinib hcl</i> ) 100 MG TAB, 150 MG TAB                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF   |
| TARCEVA ( <i>erlotinib hcl</i> ) 25 MG TAB                                       | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF  |
| TASIGNA ( <i>nilotinib hcl</i> ) 50 MG CAP, 150 MG CAP, 200 MG CAP               | Tier 4           | PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF      |
| TAZVERIK ( <i>tazemetostat hbr</i> ) 200 MG TAB                                  | Tier 4           | PA, LA, QLC (8 tabs/day), OAC, SF                      |
| TEPMETKO ( <i>tepotinib hcl</i> ) 225 MG TAB                                     | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                          |
| TIBSOVO ( <i>ivosidenib</i> ) 250 MG TAB   | Tier 4           | PA, LA, QLC (2 tabs/day), OAC, SF                      |
| TRUSELTIQ (100MG DAILY DOSE) ( <i>infigratinib phosphate</i> ) (CAP THPK)        | Tier 4           | PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC |
| TRUSELTIQ (125MG DAILY DOSE) ( <i>infigratinib phosphate</i> ) (1100 & CAP THPK) | Tier 4           | PA, LA, S (Specialty Drug), QLC (42 caps/28 days), OAC |
| TRUSELTIQ (50MG DAILY DOSE) ( <i>infigratinib phosphate</i> ) 25 CAP THPK        | Tier 4           | PA, LA, S (Specialty Drug), QLC (42 caps/28 days), OAC |
| TRUSELTIQ (75MG DAILY DOSE) ( <i>infigratinib phosphate</i> ) (7525 CAP THPK)    | Tier 4           | PA, LA, S (Specialty Drug), QLC (63 caps/28 days), OAC |
| TUKYSA ( <i>tucatinib</i> ) 50 MG TAB, 150 MG TAB                                | Tier 4           | PA, LA, QLC (4 tabs/day), OAC                          |

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|--|------------------|---|
| TURALIO ( <i>pexidartinib hcl</i> ) 125 MG CAP, 200 MG CAP                               | Tier 4           | PA, LA, QLC (4 caps/day), OAC                         |
| TYKERB ( <i>lapatinib ditosylate</i> ) 250 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC     |
| UKONIQ ( <i>umbralisib tosylate</i> ) 200 MG TAB   | Tier 4           | PA, LA, QLC (4 tabs/day), OAC                         |
| VANFLYTA ( <i>quizartinib dihydrochloride</i> ) 17.7 MG TAB                              | Tier 4           | PA, LA, QLC (28 tabs/28 days), OAC                    |
| VANFLYTA ( <i>quizartinib dihydrochloride</i> ) 26.5 MG TAB                              | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                         |
| VENCLEXTA ( <i>venetoclax</i> ) 10 MG TAB  | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                         |
| VENCLEXTA ( <i>venetoclax</i> ) 100 MG TAB   | Tier 4           | PA, LA, QLC (6 tabs/day), OAC                         |
| VENCLEXTA ( <i>venetoclax</i> ) 50 MG TAB  | Tier 4           | PA, LA, QLC (1 tab/day), OAC                          |
| VENCLEXTA STARTING PACK ( <i>venetoclax</i> ) 10 & 50 & 100 MG TAB THPK                  | Tier 4           | PA, LA, QLC (1 starter pack/year), OAC                |
| VERZENIO ( <i>abemaciclib</i> ) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB            | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC     |
| VIJOICE ( <i>alpelisib (pros agents)</i> ) 200 & 50 MG TAB THPK                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)          |
| VIJOICE ( <i>alpelisib (pros agents)</i> ) 50 MG PACKET                                  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 packet/day)        |
| VIJOICE ( <i>alpelisib (pros agents)</i> ) 50 MG TAB THPK, 125 MG TAB THPK               | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)           |
| VITRAKVI ( <i>larotrectinib sulfate</i> ) 100 MG CAP                                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC, SF |
| VITRAKVI ( <i>larotrectinib sulfate</i> ) 20 MG/ML SOLUTION                              | Tier 4           | PA, LA, S (Specialty Drug), QLC (10 ml/day), OAC, SF  |
| VITRAKVI ( <i>larotrectinib sulfate</i> ) 25 MG CAP                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF |
| VIZIMPRO ( <i>dacomitinib</i> ) 15 MG TAB, 30 MG TAB, 45 MG TAB                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF  |
| VORANIGO ( <i>vorasidenib</i> ) 10 MG TAB  | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                         |
| VORANIGO ( <i>vorasidenib</i> ) 40 MG TAB  | Tier 4           | PA, LA, QLC (1 tab/day), OAC                          |
| VOTRIENT ( <i>pazopanib hcl</i> ) 200 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF |
| XALKORI ( <i>crizotinib</i> ) 150 MG CAP SPRINK  | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF |
| XALKORI ( <i>crizotinib</i> ) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF |

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|---|------------------|---|
| XOSPATA ( <i>gilteritinib fumarate</i> ) 40 MG TAB                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF |
| XPOVIO (100 MG ONCE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK            | Tier 4           | PA, LA, QLC (5 tabs/7 days), OAC                      |
| XPOVIO (100 MG ONCE WEEKLY) ( <i>selinexor</i> ) 50 TAB THPK            | Tier 4           | PA, LA, QLC (8 tabs/28 days), OAC                     |
| XPOVIO (40 MG ONCE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK             | Tier 4           | PA, LA, QLC (8 tabs/28 days), OAC                     |
| XPOVIO (40 MG ONCE WEEKLY) ( <i>selinexor</i> ) TAB THPK                | Tier 4           | PA, LA, QLC (4 tabs/28 days), OAC                     |
| XPOVIO (40 MG TWICE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK            | Tier 4           | PA, LA, QLC (16 tabs/28 days), OAC                    |
| XPOVIO (40 MG TWICE WEEKLY) ( <i>selinexor</i> ) TAB THPK               | Tier 4           | PA, LA, QLC (8 tabs/28 days), OAC                     |
| XPOVIO (60 MG ONCE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK             | Tier 4           | PA, LA, QLC (3 tabs/7 days), OAC                      |
| XPOVIO (60 MG ONCE WEEKLY) ( <i>selinexor</i> ) TAB THPK                | Tier 4           | PA, LA, QLC (4 tabs/28 days), OAC                     |
| XPOVIO (60 MG TWICE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK            | Tier 4           | PA, LA, QLC (24 tabs/28 days), OAC                    |
| XPOVIO (80 MG ONCE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK             | Tier 4           | PA, LA, QLC (4 tabs/7 days), OAC                      |
| XPOVIO (80 MG ONCE WEEKLY) ( <i>selinexor</i> ) 40 TAB THPK             | Tier 4           | PA, LA, QLC (8 tabs/28 days), OAC                     |
| XPOVIO (80 MG TWICE WEEKLY) ( <i>selinexor</i> ) 20 TAB THPK            | Tier 4           | PA, LA, QLC (8 tabs/7 days), OAC                      |
| ZEJULA ( <i>niraparib tosylate</i> ) 100 MG CAP                         | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF |
| ZEJULA ( <i>niraparib tosylate</i> ) 100 MG TAB, 200 MG TAB, 300 MG TAB | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC      |
| ZELBORAF ( <i>vemurafenib</i> ) 240 MG TAB                              | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC     |
| ZYDELIG ( <i>idelalisib</i> ) 100 MG TAB, 150 MG TAB                    | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC     |
| ZYKADIA ( <i>ceritinib</i> ) 150 MG TAB                                 | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF |
| <b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>                      |                  |   |
| XGEVA ( <i>denosumab</i> ) 120 MG/1.7ML SOLUTION                        | Tier 4           | PA, S (Specialty Drug), QLC (1 vial/month)            |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### RETINOIDS

|  |        |   |
|--|--------|---|
| <i>bexarotene cap 75 mg</i>                      | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF |
| <i>bexarotene gel 1%</i>                         | Tier 4 | PA, S (Specialty Drug), QLC (1 tube/month)        |
| PANRETIN ( <i>alitretinoin</i> ) 0.1% GEL        | Tier 3 | PA  |
| TARGRETIN ( <i>bexarotene (topical)</i> ) 1% GEL | Tier 4 | PA, S (Specialty Drug), QLC (1 tube/month)        |
| TARGRETIN ( <i>bexarotene</i> ) 75 MG CAP        | Tier 4 | PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF |
| <i>tretinoin cap 10 mg</i>                       | Tier 1 | QLC (9 caps/day), OAC                             |

### TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

|  |        |                               |
|--|--------|-------------------------------|
| HEMADY ( <i>dexamethasone</i> ) 20 MG TAB      | Tier 3 | PA, QLC (24 tabs/28 days)     |
| <i>mesna tab 400 mg</i>                        | Tier 1 |                               |
| MESNEX ( <i>mesna</i> ) 400 MG TAB             | Tier 2 | OAC                           |
| VONJO ( <i>pacritinib citrate</i> ) 100 MG CAP | Tier 4 | PA, LA, QLC (4 caps/day), OAC |

### ANTIPARASITICS (Drugs for Parasitic Infections)

#### ANTHELMINTHICS

|   |        |  |
|---|--------|--|
| <i>albendazole tab 200 mg</i>                 | Tier 1 | QLC (4 tabs/day)                           |
| ALBENZA ( <i>albendazole</i> ) 200 MG TAB     | Tier 3 | QLC (4 tabs/day)                           |
| BILTRICIDE ( <i>praziquantel</i> ) 600 MG TAB | Tier 3 |  |
| EMVERM ( <i>mebendazole</i> ) 100 MG CHEW TAB | Tier 3 | PA, QLC (2 tabs/month)                     |
| <i>ivermectin tab 3 mg</i>                    | Tier 1 | QLC (8 tabs/30 days; max 2 fills/365 days) |
| <i>praziquantel tab 600 mg</i>                | Tier 1 |  |
| STROMEKTOL ( <i>ivermectin</i> ) 3 MG TAB     | Tier 3 | QLC (8 tabs/30 days; max 2 fills/365 days) |

#### ANTIPROTOZOALS (Drugs for Protozoal Infection)

|  |        |                 |
|--|--------|-----------------|
| <i>atovaquone susp 750 mg/5ml</i>              | Tier 1 | PA              |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | Tier 1 | QLC (1 tab/day) |

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|---|------------------|--|
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>              | Tier 1           | QLC (3 tabs/day)                               |
| BENZNIDAZOLE 100 MG TAB                                     | Tier 3           | QLC (4 tabs/day; not to exceed 240 tabs/year)  |
| BENZNIDAZOLE 12.5 MG TAB                                    | Tier 3           | QLC (12 tabs/day; not to exceed 720 tabs/year) |
| <i>chloroquine phosphate tab 250 mg</i>                     | Tier 1           | QLC (25 tabs/30 days)                          |
| <i>chloroquine phosphate tab 500 mg</i>                     | Tier 1           | QLC (25 tabs/30 days)                          |
| COARTEM ( <i>artemether-lumefantrine</i> ) 20-120 MG TAB    | Tier 2           | QLC (24 tabs/30 days)                          |
| DARAPRIM ( <i>pyrimethamine</i> ) 25 MG TAB                 | Tier 4           | PA   |
| <i>hydroxychloroquine sulfate tab 100 mg</i>                | Tier 1           | QLC (2 tabs/day)                               |
| <i>hydroxychloroquine sulfate tab 200 mg</i>                | Tier 1           | QLC (3 tabs/day)                               |
| <i>hydroxychloroquine sulfate tab 300 mg</i>                | Tier 1           | QLC (2 tabs/day)                               |
| <i>hydroxychloroquine sulfate tab 400 mg</i>                | Tier 1           | QLC (1 tab/day)                                |
| IMPAVIDO ( <i>miltefosine</i> ) 50 MG CAP                   | Tier 4           | PA, LA, QLC (84 tabs/28 days)                  |
| KRINTAFEL ( <i>tafenoquine succinate</i> ) 150 MG TAB       | Tier 3           | QLC (2 tabs/28 days)                           |
| LAMPIT ( <i>nifurtimox</i> ) 120 MG TAB                     | Tier 3           | QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)  |
| LAMPIT ( <i>nifurtimox</i> ) 30 MG TAB                      | Tier 3           | QLC (12 tabs/day; max 720 tabs/365 days)       |
| MALARONE ( <i>atovaquone-proguanil hcl</i> ) 250-100 MG TAB | Tier 3           | QLC (1 tab/day)                                |
| MALARONE ( <i>atovaquone-proguanil hcl</i> ) 62.5-25 MG TAB | Tier 3           | QLC (3 tabs/day)                               |
| <i>mefloquine hcl tab 250 mg</i>                            | Tier 1           | QLC (5 tabs/30 days)                           |
| MEPRON ( <i>atovaquone</i> ) 750 MG/5ML SUSPENSION          | Tier 3           | PA   |
| NITAZOXANIDE 500 MG TAB                                     | Tier 1           | PA, QLC (6 tabs/fill)                          |
| <i>nitazoxanide tab 500 mg</i>                              | Tier 1           | PA, QLC (6 tabs/fill)                          |
| PLAQUENIL ( <i>hydroxychloroquine sulfate</i> ) 200 MG TAB  | Tier 3           | QLC (3 tabs/day)                               |
| PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB                  | Tier 1           |  |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i>        | Tier 1           |  |

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| PRESCRIPTION DRUG NAME  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| <i>pyrimethamine tab 25 mg</i>                                      | Tier 4    | PA                               |
| QUALAQUIN ( <i>quinine sulfate</i> ) 324 MG CAP                     | Tier 3    | QLC (6 caps/day)                 |
| <i>quinine sulfate cap 324 mg</i>                                   | Tier 1    | QLC (6 caps/day)                 |
| SOVUNA ( <i>hydroxychloroquine sulfate</i> ) 200 MG TAB, 300 MG TAB | Tier 3    | PA, QLC (2 tabs/day)             |

## ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

### ANTICHOLINERGICS

|  |        |  |
|--|--------|--|
| <i>benztropine mesylate tab 0.5 mg</i>         | Tier 1 |  |
| <i>benztropine mesylate tab 1 mg</i>           | Tier 1 |  |
| <i>benztropine mesylate tab 2 mg</i>           | Tier 1 |  |
| TRIHENYPHENIDYL HCL 0.4 MG/ML SOLUTION         | Tier 1 |  |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | Tier 1 |  |
| <i>trihexyphenidyl hcl tab 2 mg</i>            | Tier 1 |  |
| <i>trihexyphenidyl hcl tab 5 mg</i>            | Tier 1 |  |

### ANTIPARKINSON AGENTS, OTHER

|   |        |  |
|---|--------|--|
| <i>amantadine hcl cap 100 mg</i>  | Tier 1 |  |
| <i>amantadine hcl soln 50 mg/5ml</i>  | Tier 1 |  |
| <i>amantadine hcl tab 100 mg</i>  | Tier 1 |  |
| CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB, -18.75-75-200 MG TAB, --37.5-150-200 MG TAB | Tier 1 |  |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>  | Tier 1 |  |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                                       | Tier 1 |  |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>   | Tier 1 |  |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                                      | Tier 1 |  |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                                       | Tier 1 |  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                            |
|--|------------------|--|
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                              | Tier 1           |  |
| COMTAN ( <i>entacapone</i> ) 200 MG TAB  | Tier 3           | QLC (8 tabs/day)   |
| <i>entacapone tab 200 mg</i>   | Tier 1           | QLC (8 tabs/day)   |
| GOCOVRI ( <i>amantadine hcl</i> ) 137 MG CAP ER 24H                                  | Tier 4           | PA, QLC (2 caps/day)   |
| GOCOVRI ( <i>amantadine hcl</i> ) 68.5 MG CAP ER 24H                                 | Tier 4           | PA, QLC (1 cap/day)  |
| NOURIANZ ( <i>istradefylline</i> ) 20 MG TAB, 40 MG TAB                              | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)                        |
| ONGENTYS ( <i>opicapone</i> ) 25 MG CAP, 50 MG CAP                                   | Tier 3           | ST, QLC (1 cap/day)  |
| OSMOLEX ER ( <i>amantadine hcl</i> ) ER 129 & 193 MG TB24 THPK, ER 129 MG TAB ER 24H | Tier 3           | PA, QLC (2 tabs/day)   |
| OSMOLEX ER ( <i>amantadine hcl</i> ) ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H      | Tier 3           | PA, QLC (1 tab/day)  |
| STALEVO 100 ( <i>carbidopa-levodopa-entacapone</i> ) 25--200 MG TAB                  | Tier 3           |  |
| STALEVO 125 ( <i>carbidopa-levodopa-entacapone</i> ) 31.25--200 MG TAB               | Tier 3           |  |
| STALEVO 150 ( <i>carbidopa-levodopa-entacapone</i> ) 37.5--200 MG TAB                | Tier 3           |  |
| STALEVO 200 ( <i>carbidopa-levodopa-entacapone</i> ) 50--MG TAB                      | Tier 3           |  |
| STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> ) 12.5--200 MG TAB                 | Tier 3           |  |
| STALEVO 75 ( <i>carbidopa-levodopa-entacapone</i> ) 18.--200 MG TAB                  | Tier 3           |  |
| TASMAR ( <i>tolcapone</i> ) 100 MG TAB   | Tier 3           | ST, QLC (6 tabs/day)   |
| <i>tolcapone tab 100 mg</i>  | Tier 1           | ST, QLC (6 tabs/day)   |
| <b>DOPAMINE AGONISTS</b>   |                  |  |
| APOKYN ( <i>apomorphine hydrochloride</i> ) 30 MG/3ML SOLN CART                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days)) |
| <i>apomorphine hcl soln cartridge 30 mg/3ml</i>                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days)) |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>                             | Tier 1           |  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>  | Tier 1           |   |
| KYNMOBI ( <i>apomorphine hydrochloride</i> )<br>10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM  | Tier 3           | PA, QLC (5 films/day)                   |
| MIRAPEX ( <i>pramipexole dihydrochloride</i> )<br>0.125 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB   | Tier 3           |   |
| MIRAPEX ER ( <i>pramipexole dihydrochloride</i> ) ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H | Tier 3           | QLC (1 tab/day)                         |
| NEUPRO ( <i>rotigotine</i> ) 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR   | Tier 3           | QLC (1 patch/day)                       |
| PARLODEL ( <i>bromocriptine mesylate</i> ) 2.5 MG TAB, 5 MG CAP   | Tier 3           |   |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>   | Tier 1           |   |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>  | Tier 1           |   |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>   | Tier 1           |   |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>  | Tier 1           |   |
| <i>pramipexole dihydrochloride tab 1 mg</i>   | Tier 1           |   |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>   | Tier 1           |   |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)  | Tier 1           | QLC (1 tab/day)                         |
| <i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)   | Tier 1           | QLC (1 tab/day)                         |
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)  | Tier 1           | QLC (1 tab/day)                         |
| <i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)   | Tier 1           | QLC (1 tab/day)                         |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)       | Tier 1           | QLC (1 tab/day)                         |
| <i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)    | Tier 1           | QLC (1 tab/day)                         |
| <i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)     | Tier 1           | QLC (1 tab/day)                         |
| <i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)                               | Tier 1           |   |
| <i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)                                | Tier 1           |   |
| <i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)                                  | Tier 1           |   |
| <i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)                                  | Tier 1           |   |
| <i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)                                  | Tier 1           |   |
| <i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)                                  | Tier 1           |   |
| <i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)                                  | Tier 1           |   |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)    | Tier 1           | QLC (2 tabs/day)                        |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) 4hr | Tier 1           | QLC (1 tab/day)                         |
| <i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) 2hr | Tier 1           | QLC (1 tab/day)                         |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)     | Tier 1           | QLC (1 tab/day)                         |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)     | Tier 1           | QLC (3 tabs/day)                        |

## **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS**

|  |        |                  |
|--|--------|------------------|
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA) | Tier 1 | QLC (8 tabs/day) |
|--|--------|------------------|

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i><br>(CARBIDOPA-LEVODOPA) | Tier 1           | QLC (8 tabs/day)                        |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i><br>(CARBIDOPA-LEVODOPA) | Tier 1           | QLC (8 tabs/day)                        |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i><br>(CARBIDOPA-LEVODOPA)                       | Tier 1           |   |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i><br>(CARBIDOPA-LEVODOPA)                       | Tier 1           |   |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i><br>(CARBIDOPA-LEVODOPA)                       | Tier 1           |   |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i><br>(CARBIDOPA-LEVODOPA ER)                 | Tier 1           |   |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i><br>(CARBIDOPA-LEVODOPA ER)                 | Tier 1           |   |
| <i>carbidopa tab 25 mg</i>  | Tier 1           |   |
| CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP            | Tier 1           | QLC (8 tabs/day)                        |
| CREXONT ( <i>carbidopa-levodopa</i> ) 35-140 MG CAP ER                                      | Tier 3           | PA, QLC (15 caps/day)                   |
| CREXONT ( <i>carbidopa-levodopa</i> ) 52.5-210 MG CAP ER                                    | Tier 3           | PA, QLC (10 caps/day)                   |
| CREXONT ( <i>carbidopa-levodopa</i> ) 70-280 MG CAP ER                                      | Tier 3           | PA, QLC (7 caps/day)                    |
| CREXONT ( <i>carbidopa-levodopa</i> ) 87.5-350 MG CAP ER                                    | Tier 3           | PA, QLC (6 caps/day)                    |
| DHIVY ( <i>carbidopa-levodopa</i> ) 25-100 MG TAB   | Tier 3           |   |
| INBRIJA ( <i>levodopa</i> ) 42 MG CAP   | Tier 4           | PA, LA, QLC (10 caps/day)               |
| LODOSYN ( <i>carbidopa</i> ) 25 MG TAB  | Tier 3           |   |
| RYTARY ( <i>carbidopa-levodopa</i> ) 23.75-95 MG CAP ER                                     | Tier 3           | ST, QLC (25 caps/day)                   |
| RYTARY ( <i>carbidopa-levodopa</i> ) 36.25-145 MG CAP ER                                    | Tier 3           | ST, QLC (16 caps/day)                   |
| RYTARY ( <i>carbidopa-levodopa</i> ) 48.75-195 MG CAP ER                                    | Tier 3           | ST, QLC (12 caps/day)                   |
| RYTARY ( <i>carbidopa-levodopa</i> ) 61.25-245 MG CAP ER                                    | Tier 3           | ST, QLC (10 caps/day)                   |

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| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| SINEMET ( <i>carbidopa-levodopa</i> ) 10-100 MG TAB, 25-100 MG TAB | Tier 3    |                                  |
| <b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>                      |           |                                  |
| AZILECT ( <i>rasagiline mesylate</i> ) 0.5 MG TAB, 1 MG TAB        | Tier 3    | QLC (1 tab/day)                  |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>                 | Tier 1    | QLC (1 tab/day)                  |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>                   | Tier 1    | QLC (1 tab/day)                  |
| <i>selegiline hcl cap 5 mg</i>                                     | Tier 1    |                                  |
| <i>selegiline hcl tab 5 mg</i>                                     | Tier 1    |                                  |
| XADAGO ( <i>safinamide mesylate</i> ) 50 MG TAB, 100 MG TAB        | Tier 3    | ST, QLC (1 tab/day)              |
| ZELAPAR ( <i>selegiline hcl</i> ) 1.25 MG TAB DISP                 | Tier 3    |                                  |

## ANTIPSYCHOTICS (Drugs for Mental Health)

### 1ST GENERATION/TYPICAL

|  |        |    |
|--|--------|----|
| CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC | Tier 1 | PA |
| <i>chlorpromazine hcl tab 10 mg</i>              | Tier 1 |    |
| <i>chlorpromazine hcl tab 100 mg</i>             | Tier 1 |    |
| <i>chlorpromazine hcl tab 200 mg</i>             | Tier 1 |    |
| <i>chlorpromazine hcl tab 25 mg</i>              | Tier 1 |    |
| <i>chlorpromazine hcl tab 50 mg</i>              | Tier 1 |    |
| FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC | Tier 1 |    |
| <i>fluphenazine hcl tab 1 mg</i>                 | Tier 1 |    |
| <i>fluphenazine hcl tab 10 mg</i>                | Tier 1 |    |
| <i>fluphenazine hcl tab 2.5 mg</i>               | Tier 1 |    |
| <i>fluphenazine hcl tab 5 mg</i>                 | Tier 1 |    |
| <i>haloperidol lactate oral conc 2 mg/ml</i>     | Tier 1 |    |
| <i>haloperidol tab 0.5 mg</i>                    | Tier 1 |    |
| <i>haloperidol tab 1 mg</i>                      | Tier 1 |    |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>haloperidol tab 10 mg</i>  | Tier 1           |   |
| <i>haloperidol tab 2 mg</i>   | Tier 1           |   |
| <i>haloperidol tab 20 mg</i>  | Tier 1           |   |
| <i>haloperidol tab 5 mg</i>   | Tier 1           |   |
| <i>loxapine succinate cap 10 mg</i>   | Tier 1           |   |
| <i>loxapine succinate cap 25 mg</i>   | Tier 1           |   |
| <i>loxapine succinate cap 5 mg</i>  | Tier 1           |   |
| <i>loxapine succinate cap 50 mg</i>   | Tier 1           |   |
| MOLINDONE HCL 10 MG TAB   | Tier 1           | QLC (8 tabs/day)                        |
| MOLINDONE HCL 25 MG TAB   | Tier 1           | QLC (9 tabs/day)                        |
| MOLINDONE HCL 5 MG TAB  | Tier 1           | QLC (12 tabs/day)                       |
| PIMOZIDE 1 MG TAB, 2 MG TAB   | Tier 1           |   |
| THIORIDAZINE HCL 10 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB                                | Tier 1           |   |
| <i>thiothixene cap 1 mg</i>   | Tier 1           |   |
| <i>thiothixene cap 10 mg</i>  | Tier 1           |   |
| <i>thiothixene cap 2 mg</i>   | Tier 1           |   |
| <i>thiothixene cap 5 mg</i>   | Tier 1           |   |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>                                       | Tier 1           |   |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i>                                      | Tier 1           |   |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>                                       | Tier 1           |   |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>                                       | Tier 1           |   |
| <b>2ND GENERATION/ATYPICAL</b>  |                  |   |
| ABILIFY ( <i>aripiprazole</i> ) 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB                  | Tier 3           | QLC (1 tab/day)                         |
| ABILIFY ( <i>aripiprazole</i> ) 2 MG TAB  | Tier 3           | QLC (4 tabs/day)                        |
| ABILIFY ( <i>aripiprazole</i> ) 5 MG TAB  | Tier 3           | QLC (2 tabs/day)                        |
| ABILIFY MYCITE ( <i>aripiprazole</i> ) 2 MG TAB   | Tier 4           | PA, LA, QLC (1 tab/day)                 |
| ABILIFY MYCITE ( <i>aripiprazole</i> ) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB | Tier 4           | PA, LA, QLC (1 tab/day)                 |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ABILIFY MYCITE MAINTENANCE KIT<br>( <i>aripiprazole with sensor, strips, &amp; pod</i> )<br>KIT 2 MG TAB THPK, KIT 5 MG TAB<br>THPK, KIT 10 MG TAB THPK, KIT 15 MG<br>TAB THPK, KIT 20 MG TAB THPK, KIT 30<br>MG TAB THPK | Tier 4           | PA, LA, QLC (1 tab/day)                 |
| ABILIFY MYCITE STARTER KIT<br>( <i>aripiprazole with sensor, strips, &amp; pod</i> )<br>KIT 2 MG TAB THPK, KIT 5 MG TAB<br>THPK, KIT 10 MG TAB THPK, KIT 15 MG<br>TAB THPK, KIT 20 MG TAB THPK, KIT 30<br>MG TAB THPK     | Tier 4           | PA, LA, QLC (1 tab/day)                 |
| <i>aripiprazole oral solution 1 mg/ml</i>   | Tier 1           | QLC (25 ml/day)                         |
| <i>aripiprazole orally disintegrating tab 10 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>aripiprazole orally disintegrating tab 15 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>aripiprazole tab 10 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>aripiprazole tab 15 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>aripiprazole tab 2 mg</i>  | Tier 1           | QLC (4 tabs/day)                        |
| <i>aripiprazole tab 20 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>aripiprazole tab 30 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>aripiprazole tab 5 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>   | Tier 1           | QLC (2 tabs/day)                        |
| CAPLYTA ( <i>lumateperone tosylate</i> ) 10.5<br>MG CAP, 21 MG CAP, 42 MG CAP   | Tier 3           | PA, QLC (1 cap/day)                     |
| FANAPT ( <i>iloperidone</i> ) 1 MG TAB, 2 MG<br>TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10<br>MG TAB, 12 MG TAB  | Tier 3           | ST, QLC (2 tabs/day)                    |
| FANAPT TITRATION PACK ( <i>iloperidone</i> ) 1<br>& 2 & 4 & 6 MG TAB  | Tier 3           | ST, QLC (8 tabs/30 days; 2 fills/year)  |
| GEODON ( <i>ziprasidone hcl</i> ) 20 MG CAP,<br>40 MG CAP, 60 MG CAP, 80 MG CAP   | Tier 3           |   |
| INVEGA ( <i>paliperidone</i> ) 1.5 MG TAB ER<br>24H, 3 MG TAB ER 24H, 9 MG TAB ER<br>24H  | Tier 3           | PA, QLC (1 tab/day)                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|--|------------------|---|
| INVEGA ( <i>paliperidone</i> ) 6 MG TAB 24H                                  | Tier 3           | PA, QLC (2 tabs/day)                            |
| LATUDA ( <i>lurasidone hcl</i> ) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB | Tier 3           | QLC (1 tab/day)                                 |
| LATUDA ( <i>lurasidone hcl</i> ) 80 MG TAB                                   | Tier 3           | QLC (2 tabs/day)                                |
| <i>lurasidone hcl tab 120 mg</i>   | Tier 1           | QLC (1 tab/day)                                 |
| <i>lurasidone hcl tab 20 mg</i>  | Tier 1           | QLC (1 tab/day)                                 |
| <i>lurasidone hcl tab 40 mg</i>  | Tier 1           | QLC (1 tab/day)                                 |
| <i>lurasidone hcl tab 60 mg</i>  | Tier 1           | QLC (1 tab/day)                                 |
| <i>lurasidone hcl tab 80 mg</i>  | Tier 1           | QLC (2 tabs/day)                                |
| NUPLAZID ( <i>pimavanserin tartrate</i> ) 10 MG TAB                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF |
| NUPLAZID ( <i>pimavanserin tartrate</i> ) 34 MG CAP                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day), SF |
| <i>olanzapine orally disintegrating tab 10 mg</i>                            | Tier 1           |   |
| <i>olanzapine orally disintegrating tab 15 mg</i>                            | Tier 1           |   |
| <i>olanzapine orally disintegrating tab 20 mg</i>                            | Tier 1           |   |
| <i>olanzapine orally disintegrating tab 5 mg</i>                             | Tier 1           |   |
| <i>olanzapine tab 10 mg</i>  | Tier 1           |   |
| <i>olanzapine tab 15 mg</i>  | Tier 1           |   |
| <i>olanzapine tab 2.5 mg</i>   | Tier 1           |   |
| <i>olanzapine tab 20 mg</i>  | Tier 1           |   |
| <i>olanzapine tab 5 mg</i>   | Tier 1           |   |
| <i>olanzapine tab 7.5 mg</i>   | Tier 1           |   |
| <i>paliperidone tab er 24hr 1.5 mg</i><br>(PALIPERIDONE ER)                  | Tier 1           | PA, QLC (1 tab/day)                             |
| <i>paliperidone tab er 24hr 3 mg</i><br>(PALIPERIDONE ER)                    | Tier 1           | PA, QLC (1 tab/day)                             |
| <i>paliperidone tab er 24hr 6 mg</i><br>(PALIPERIDONE ER)                    | Tier 1           | PA, QLC (2 tabs/day)                            |
| <i>paliperidone tab er 24hr 9 mg</i><br>(PALIPERIDONE ER)                    | Tier 1           | PA, QLC (1 tab/day)                             |
| QUETIAPINE FUMARATE 150 MG TAB   | Tier 1           |   |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>quetiapine fumarate tab 100 mg</i>   | Tier 1           |   |
| <i>quetiapine fumarate tab 200 mg</i>   | Tier 1           |   |
| <i>quetiapine fumarate tab 25 mg</i>  | Tier 1           |   |
| <i>quetiapine fumarate tab 300 mg</i>   | Tier 1           |   |
| <i>quetiapine fumarate tab 400 mg</i>   | Tier 1           |   |
| <i>quetiapine fumarate tab 50 mg</i>  | Tier 1           |   |
| <i>quetiapine fumarate tab er 24hr 150 mg</i><br>(QUETIAPINE FUMARATE ER)                                   | Tier 1           | ST                                      |
| <i>quetiapine fumarate tab er 24hr 200 mg</i><br>(QUETIAPINE FUMARATE ER)                                   | Tier 1           | ST                                      |
| <i>quetiapine fumarate tab er 24hr 300 mg</i><br>(QUETIAPINE FUMARATE ER)                                   | Tier 1           | ST                                      |
| <i>quetiapine fumarate tab er 24hr 400 mg</i><br>(QUETIAPINE FUMARATE ER)                                   | Tier 1           | ST                                      |
| <i>quetiapine fumarate tab er 24hr 50 mg</i><br>(QUETIAPINE FUMARATE ER)                                    | Tier 1           | ST                                      |
| REXULTI ( <i>brexpiprazole</i> ) 0.25 MG TAB,<br>0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG<br>TAB, 4 MG TAB      | Tier 4           | PA, QLC (1 tab/day)                     |
| RISPERDAL ( <i>risperidone</i> ) 0.5 MG TAB, 1<br>MG TAB, 1 MG/ML SOLUTION, 2 MG<br>TAB, 3 MG TAB, 4 MG TAB | Tier 3           |   |
| RISPERIDONE 0.25 MG TAB DISP  | Tier 1           |   |
| <i>risperidone orally disintegrating tab 0.5<br/>mg</i>   | Tier 1           |   |
| <i>risperidone orally disintegrating tab 1<br/>mg</i>   | Tier 1           |   |
| <i>risperidone orally disintegrating tab 2<br/>mg</i>   | Tier 1           |   |
| <i>risperidone orally disintegrating tab 3<br/>mg</i>   | Tier 1           |   |
| <i>risperidone orally disintegrating tab 4<br/>mg</i>   | Tier 1           |   |
| <i>risperidone soln 1 mg/ml</i>   | Tier 1           |   |
| <i>risperidone tab 0.25 mg</i>  | Tier 1           |   |
| <i>risperidone tab 0.5 mg</i>   | Tier 1           |   |
| <i>risperidone tab 1 mg</i>   | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>risperidone tab 2 mg</i>   | Tier 1           |   |
| <i>risperidone tab 3 mg</i>   | Tier 1           |   |
| <i>risperidone tab 4 mg</i>   | Tier 1           |   |
| SAPHRIS ( <i>asenapine maleate</i> ) 2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB   | Tier 3           | ST, QLC (2 tabs/day)                    |
| SECUADO ( <i>asenapine</i> ) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR                                     | Tier 3           | PA, QLC (1 patch/day)                   |
| SEROQUEL ( <i>quetiapine fumarate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB                            | Tier 3           |   |
| SEROQUEL XR ( <i>quetiapine fumarate</i> ) 50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H | Tier 3           | ST                                      |
| VRAYLAR ( <i>cariprazine hcl</i> ) 1.5 & 3 MG CAP THPK  | Tier 3           | PA, QLC (1 pack/month)                  |
| VRAYLAR ( <i>cariprazine hcl</i> ) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP   | Tier 3           | PA, QLC (1 cap/day)                     |
| <i>ziprasidone hcl cap 20 mg</i>  | Tier 1           |   |
| <i>ziprasidone hcl cap 40 mg</i>  | Tier 1           |   |
| <i>ziprasidone hcl cap 60 mg</i>  | Tier 1           |   |
| <i>ziprasidone hcl cap 80 mg</i>  | Tier 1           |   |
| ZYPREXA ( <i>olanzapine</i> ) 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB   | Tier 3           |   |
| ZYPREXA ZYDIS ( <i>olanzapine</i> ) 5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP                                       | Tier 3           |   |
| <b>ANTIPSYCHOTICS, OTHER</b>  |                  |   |
| COBENFY ( <i>xanomeline tartrate-trospium chloride</i> ) 50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP                                     | Tier 3           | PA, QLC (2 caps/day)                    |
| COBENFY STARTER PACK ( <i>xanomeline tartrate-trospium chloride</i> ) 50-20 & 100-20 MG CAP THPK  | Tier 3           | PA, QLC (112 caps (2 packs)/365 days)   |
| <b>TREATMENT-RESISTANT</b>  |                  |   |
| CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP   | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>clozapine orally disintegrating tab 100 mg</i>                          | Tier 1           |   |
| <i>clozapine orally disintegrating tab 150 mg</i>                          | Tier 1           |   |
| <i>clozapine orally disintegrating tab 200 mg</i>                          | Tier 1           |   |
| <i>clozapine orally disintegrating tab 25 mg</i>                           | Tier 1           |   |
| <i>clozapine tab 100 mg</i>  | Tier 1           |   |
| <i>clozapine tab 200 mg</i>  | Tier 1           |   |
| <i>clozapine tab 25 mg</i>   | Tier 1           |   |
| <i>clozapine tab 50 mg</i>   | Tier 1           |   |
| CLOZARIL ( <i>clozapine</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB | Tier 3           |   |
| VERSACLOZ ( <i>clozapine</i> ) 50 MG/ML SUSPENSION                         | Tier 3           | ST, QLC (18 ml/day)                     |

### **ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)**

|  |        |                         |
|--|--------|-------------------------|
| BACLOFEN 10 MG/5ML SOLUTION                                | Tier 3 | PA, QLC (40 ml/day)     |
| BACLOFEN 5 MG/5ML SOLUTION                                 | Tier 1 | PA, QLC (80 ml/day)     |
| <i>baclofen oral soln 5 mg/5ml mg/ml</i>                   | Tier 1 | PA, QLC (80 ml/day)     |
| <i>baclofen susp 25 mg/5ml</i>                             | Tier 1 | PA, QLC (16 ml/day)     |
| <i>baclofen tab 10 mg</i>                                  | Tier 1 | QLC (8 tabs/day)        |
| <i>baclofen tab 15 mg</i>                                  | Tier 1 | QLC (4 tabs/day)        |
| <i>baclofen tab 20 mg</i>                                  | Tier 1 | QLC (4 tabs/day)        |
| <i>baclofen tab 5 mg</i>                                   | Tier 1 | QLC (3 tabs/day)        |
| DANTRIUM ( <i>dantrolene sodium</i> ) 25 MG CAP, 50 MG CAP | Tier 3 |                         |
| <i>dantrolene sodium cap 100 mg</i>                        | Tier 1 |                         |
| <i>dantrolene sodium cap 25 mg</i>                         | Tier 1 |                         |
| <i>dantrolene sodium cap 50 mg</i>                         | Tier 1 |                         |
| FLEQSUVY ( <i>baclofen</i> ) 25 MG/5ML SUSPENSION          | Tier 3 | PA, QLC (16 ml/day)     |
| LYVISPAH ( <i>baclofen</i> ) 20 MG PACKET                  | Tier 3 | PA, QLC (4 packets/day) |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| LYVISPAH ( <i>baclofen</i> ) 5 MG PACKET, 10 MG PACKET                    | Tier 3           | PA, QLC (3 packets/day)                 |
| OZOBAX ( <i>baclofen</i> ) 5 MG/5ML SOLUTION                              | Tier 3           | PA, QLC (80 ml/day)                     |
| OZOBAX DS ( <i>baclofen</i> ) 10 MG/5ML SOLUTION                          | Tier 3           | PA, QLC (40 ml/day)                     |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i>                          | Tier 1           |   |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i>                          | Tier 1           |   |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i>                          | Tier 1           |   |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i>                          | Tier 1           |   |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>                          | Tier 1           |   |
| ZANAFLEX ( <i>tizanidine hcl</i> ) 2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP | Tier 3           |   |

## **ANTIVIRALS (Drugs for Viral Infections)**

### **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)**

|  |        |                          |
|--|--------|--------------------------|
| LIVTENCITY ( <i>maribavir</i> ) 200 MG TAB                 | Tier 4 | PA, LA, QLC (4 tabs/day) |
| PREVYMIS ( <i>letermovir</i> ) 20 MG PACKET, 120 MG PACKET | Tier 3 | PA, QLC (4 packets/day)  |
| PREVYMIS ( <i>letermovir</i> ) 240 MG TAB, 480 MG TAB      | Tier 3 | PA, QLC (1 tab/day)      |
| VALCYTE ( <i>valganciclovir hcl</i> ) 450 MG TAB           | Tier 3 | QLC (2 tabs/day)         |
| VALCYTE ( <i>valganciclovir hcl</i> ) 50 MG/ML RECON SOLN  | Tier 3 | QLC (18 ml/day)          |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>   | Tier 1 | QLC (18 ml/day)          |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>     | Tier 1 | QLC (2 tabs/day)         |

### **ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)**

|   |        |                       |
|---|--------|-----------------------|
| <i>adefovir dipivoxil tab 10 mg</i>                 | Tier 1 | QLC (1 tab/day)       |
| BARACLUDE ( <i>entecavir</i> ) 0.05 MG/ML SOLUTION  | Tier 2 | QLC (3 bottles/month) |
| BARACLUDE ( <i>entecavir</i> ) 0.5 MG TAB, 1 MG TAB | Tier 3 | QLC (1 tab/day)       |
| <i>entecavir tab 0.5 mg</i>                         | Tier 1 | QLC (1 tab/day)       |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                               | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>entecavir tab 1 mg</i>                                   | Tier 1           | QLC (1 tab/day)                         |
| EPIVIR HBV ( <i>lamivudine (hbv)</i> ) 100 MG TAB           | Tier 3           | QLC (1 tab/day)                         |
| EPIVIR HBV ( <i>lamivudine (hbv)</i> ) 5 MG/ML SOLUTION     | Tier 2           | QLC (3 bottles/month)                   |
| HEPSERA ( <i>adefovir dipivoxil</i> ) 10 MG TAB             | Tier 3           | QLC (1 tab/day)                         |
| <i>lamivudine tab 100 mg (hbv)</i>                          | Tier 1           | QLC (1 tab/day)                         |
| VEMLIDY ( <i>tenofovir alafenamide fumarate</i> ) 25 MG TAB | Tier 3           | PA, QLC (1 tab/day)                     |

### **ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)**

|   |        |   |
|---|--------|---|
| EPCLUSA ( <i>sofosbuvir-velpatasvir</i> ) 150-37.5 MG PACKET            | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day)  |
| EPCLUSA ( <i>sofosbuvir-velpatasvir</i> ) 200-50 MG PACKET              | Tier 4 | PA, S (Specialty Drug), QLC (2 packets/day) |
| EPCLUSA ( <i>sofosbuvir-velpatasvir</i> ) 200-50 MG TAB, 400-100 MG TAB | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day)     |
| HARVONI ( <i>ledipasvir-sofosbuvir</i> ) 33.75-150 MG PACKET            | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day)  |
| HARVONI ( <i>ledipasvir-sofosbuvir</i> ) 45-200 MG PACKET               | Tier 4 | PA, S (Specialty Drug), QLC (2 packets/day) |
| HARVONI ( <i>ledipasvir-sofosbuvir</i> ) 45-200 MG TAB, 90-400 MG TAB   | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day)     |
| LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB                                    | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day)     |
| MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) 100-40 MG TAB               | Tier 4 | PA, S (Specialty Drug), QLC (3 tabs/day)    |
| MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) 50-20 MG PACKET             | Tier 4 | PA, S (Specialty Drug), QLC (6 packets/day) |
| PEGINTRON ( <i>peginterferon alfa-2b</i> ) 50 MCG/0.5ML KIT             | Tier 4 | S (Specialty Drug)                          |
| RIBAVIRIN ( <i>ribavirin (hepatitis c)</i> ) 200 MG CAP, 200 MG TAB     | Tier 1 | S (Specialty Drug)                          |
| <i>ribavirin cap 200 mg</i>   | Tier 1 | S (Specialty Drug)                          |
| <i>ribavirin tab 200 mg</i>   | Tier 1 | S (Specialty Drug)                          |
| SOFOSBUVIR-VELPATASVIR -400-100 MG TAB                                  | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day)     |
| SOVALDI ( <i>sofosbuvir</i> ) 150 MG PACKET                             | Tier 4 | PA, S (Specialty Drug), QLC (1 packet/day)  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|---|------------------|---|
| SOVALDI ( <i>sofosbuvir</i> ) 200 MG PACKET   | Tier 4           | PA, S (Specialty Drug), QLC (2 packets/day) |
| SOVALDI ( <i>sofosbuvir</i> ) 200 MG TAB, 400 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)     |
| VIEKIRA PAK ( <i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i> ) 12.5-75-50 & 250 MG TAB THPK | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day)    |
| VOSEVI ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> ) 400-100-100 MG TAB                        | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)     |
| ZEPATIER ( <i>elbasvir-grazoprevir</i> ) 50-100 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)     |

### **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)**

|   |        |                     |
|---|--------|---------------------|
| BIKTARVY ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> ) 30-120-15 MG TAB, 50-200-25 MG TAB | Tier 2 | QLC (1 tab/day)     |
| DOVATO ( <i>dolutegravir sodium-lamivudine</i> ) 50-300 MG TAB  | Tier 2 | QLC (1 tab/day)     |
| GENVOYA ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> ) 150-150-200-10 MG                | Tier 2 | QLC (1 tab/day)     |
| ISENTRESS ( <i>raltegravir potassium</i> ) 100 MG PACKET  | Tier 2 | QLC (2 packets/day) |
| ISENTRESS ( <i>raltegravir potassium</i> ) 25 MG CHEW TAB, 100 MG CHEW TAB                                      | Tier 2 | QLC (6 tabs/day)    |
| ISENTRESS ( <i>raltegravir potassium</i> ) 400 MG TAB   | Tier 2 | QLC (4 tabs/day)    |
| ISENTRESS HD ( <i>raltegravir potassium</i> ) 600 MG TAB  | Tier 2 | QLC (2 tabs/day)    |
| JULUCA ( <i>dolutegravir sodium-rilpivirine hcl</i> ) 50-25 MG TAB  | Tier 2 | QLC (1 tab/day)     |
| STRIBILD ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir dfj</i> ) 150-150-200-300 MG                      | Tier 2 | QLC (1 tab/day)     |
| TIVICAY ( <i>dolutegravir sodium</i> ) 10 MG TAB, 25 MG TAB, 50 MG TAB  | Tier 2 | QLC (2 tabs/day)    |
| TIVICAY PD ( <i>dolutegravir sodium</i> ) 5 MG TAB SOL  | Tier 2 | QLC (5 tabs/day)    |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

## ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

|   |        |                   |
|---|--------|-------------------|
| COMPLERA ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) 200-25-300 MG       | Tier 2 | QLC (1 tab/day)   |
| DELSTRIGO ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> ) 100-300-300 MG TAB     | Tier 3 | QLC (1 tab/day)   |
| EDURANT ( <i>rilpivirine hcl</i> ) 25 MG TAB  | Tier 2 | QLC (2 tabs/day)  |
| EFAVIRENZ 200 MG CAP  | Tier 1 | QLC (3 caps/day)  |
| EFAVIRENZ 50 MG CAP   | Tier 1 | QLC (6 caps/day)  |
| <i>efavirenz tab 600 mg</i>   | Tier 1 | QLC (1 tab/day)   |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF) | Tier 1 | QLC (1 tab/day)   |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>                                     | Tier 1 | QLC (1 tab/day)   |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>                                     | Tier 1 | QLC (1 tab/day)   |
| <i>etravirine tab 100 mg</i>  | Tier 1 | QLC (4 tabs/day)  |
| <i>etravirine tab 200 mg</i>  | Tier 1 | QLC (2 tabs/day)  |
| INTELENCE ( <i>etravirine</i> ) 100 MG TAB  | Tier 3 | QLC (4 tabs/day)  |
| INTELENCE ( <i>etravirine</i> ) 200 MG TAB  | Tier 3 | QLC (2 tabs/day)  |
| INTELENCE ( <i>etravirine</i> ) 25 MG TAB   | Tier 2 | QLC (12 tabs/day) |
| NEVIRAPINE 50 MG/5ML SUSPENSION   | Tier 1 | QLC (40 ml/day)   |
| NEVIRAPINE ER 100 MG TAB 24H  | Tier 1 | QLC (3 tabs/day)  |
| <i>nevirapine tab 200 mg</i>  | Tier 1 | QLC (2 tabs/day)  |
| <i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)  | Tier 1 | QLC (1 tab/day)   |
| ODEFSEY ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> ) 200-25-25 MG        | Tier 2 | QLC (1 tab/day)   |
| PIFELTRO ( <i>doravirine</i> ) 100 MG TAB   | Tier 3 | QLC (2 tabs/day)  |
| SUSTIVA ( <i>efavirenz</i> ) 200 MG CAP   | Tier 3 | QLC (3 caps/day)  |
| SUSTIVA ( <i>efavirenz</i> ) 50 MG CAP  | Tier 3 | QLC (6 caps/day)  |
| SUSTIVA ( <i>efavirenz</i> ) 600 MG TAB   | Tier 3 | QLC (1 tab/day)   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) 600-300-300 MG TAB    | Tier 3           | QLC (1 tab/day)                         |
| SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) 400-300-300 MG TAB | Tier 3           | QLC (1 tab/day)                         |
| VIRAMUNE ( <i>nevirapine</i> ) 50 MG/5ML SUSPENSION                                       | Tier 3           | QLC (40 ml/day)                         |
| VIRAMUNE XR ( <i>nevirapine</i> ) 400 MG TAB ER 24H                                       | Tier 3           | QLC (1 tab/day)                         |

## **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)**

|  |        |  |
|--|--------|--|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>   | Tier 1 | QLC (30 ml/day)  |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>  | Tier 1 | QLC (2 tabs/day)   |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>  | Tier 1 | QLC (1 tab/day)  |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVDINE) | Tier 1 | QLC (2 tabs/day)   |
| CIMDUO ( <i>lamivudine-tenofovir disoproxil fumarate</i> ) 300-300 MG TAB                        | Tier 2 | QLC (1 tab/day)  |
| COMBIVIR ( <i>lamivudine-zidovudine</i> ) 150-300 MG TAB   | Tier 3 | QLC (2 tabs/day)   |
| DESCOVY ( <i>emtricitabine-tenofovir alafenamide fumarate</i> ) 120-15 MG                        | Tier 2 | QLC (1 tab/day)  |
| DESCOVY ( <i>emtricitabine-tenofovir alafenamide fumarate</i> ) 200-25 MG                        | Tier 2 | ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.) |
| <i>emtricitabine caps 200 mg</i>   | Tier 1 | QLC (1 cap/day)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)   | Tier 1 | QLC (1 tab/day)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)   | Tier 1 | QLC (1 tab/day)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)   | Tier 1 | QLC (1 tab/day)  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|---|------------------|--|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i><br>(EMTRICITABINE-TENOFOVIR DF)                             | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| EMTRIVA ( <i>emtricitabine</i> ) 10 MG/ML SOLUTION  | Tier 2           | QLC (24 ml/day)                          |
| EMTRIVA ( <i>emtricitabine</i> ) 200 MG CAP   | Tier 3           | QLC (1 cap/day)                          |
| EPIVIR ( <i>lamivudine</i> ) 10 MG/ML SOLUTION  | Tier 3           | QLC (30 ml/day)                          |
| EPIVIR ( <i>lamivudine</i> ) 150 MG TAB   | Tier 3           | QLC (2 tabs/day)                         |
| EPIVIR ( <i>lamivudine</i> ) 300 MG TAB   | Tier 3           | QLC (1 tab/day)                          |
| EPZICOM ( <i>abacavir sulfate-lamivudine</i> ) 600-300 MG TAB   | Tier 3           | QLC (1 tab/day)                          |
| <i>lamivudine oral soln 10 mg/ml</i>  | Tier 1           | QLC (30 ml/day)                          |
| <i>lamivudine tab 150 mg</i>  | Tier 1           | QLC (2 tabs/day)                         |
| <i>lamivudine tab 300 mg</i>  | Tier 1           | QLC (1 tab/day)                          |
| <i>lamivudine-zidovudine tab 150-300 mg</i>   | Tier 1           | QLC (2 tabs/day)                         |
| RETROVIR ( <i>zidovudine</i> ) 100 MG CAP   | Tier 3           | QLC (5 caps/day)                         |
| RETROVIR ( <i>zidovudine</i> ) 50 MG/5ML SYRUP  | Tier 3           | QLC (60 ml/day)                          |
| STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP  | Tier 1           | QLC (2 caps/day)                         |
| TEMIXYS ( <i>lamivudine-tenofovir disoproxil fumarate</i> ) 300-300 MG TAB  | Tier 2           | QLC (1 tab/day)                          |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>   | Tier 1           | QLC (1 tab/day)                          |
| TRIUMEQ ( <i>abacavir-dolutegravir-lamivudine</i> ) 600-50-300 MG TAB   | Tier 2           | QLC (1 tab/day)                          |
| TRIUMEQ PD ( <i>abacavir-dolutegravir-lamivudine</i> ) 60-5-30 MG TAB SOL   | Tier 2           | QLC (6 tabs/day)                         |
| TRIZIVIR ( <i>abacavir sulfate-lamivudine-zidovudine</i> ) 300-150-300 MG TAB   | Tier 3           | QLC (2 tabs/day)                         |
| TRUVADA ( <i>emtricitabine-tenofovir disoproxil fumarate</i> ) 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB | Tier 3           | QLC (1 tab/day)                          |
| VIREAD ( <i>tenofovir disoproxil fumarate</i> ) 150 MG TAB, 200 MG TAB, 250 MG TAB  | Tier 2           | QLC (1 tab/day)                          |
| VIREAD ( <i>tenofovir disoproxil fumarate</i> ) 300 MG TAB  | Tier 3           | QLC (1 tab/day)                          |

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|---|------------------|---|
| VIREAD ( <i>tenofovir disoproxil fumarate</i> ) 40 MG/GM POWDER | Tier 2           | QLC (3 bottles/month)                             |
| ZIAGEN ( <i>abacavir sulfate</i> ) 20 MG/ML SOLUTION            | Tier 3           | QLC (30 ml/day)                                   |
| ZIAGEN ( <i>abacavir sulfate</i> ) 300 MG TAB                   | Tier 3           | QLC (2 tabs/day)                                  |
| <i>zidovudine cap 100 mg</i>                                    | Tier 1           | QLC (5 caps/day)                                  |
| <i>zidovudine syrup 10 mg/ml</i>                                | Tier 1           | QLC (60 ml/day)                                   |
| <i>zidovudine tab 300 mg</i>                                    | Tier 1           | QLC (2 tabs/day)                                  |
| <b>ANTI-HIV AGENTS, OTHER</b>                                   |                  |   |
| FUZEON ( <i>enfuvirtide</i> ) 90 MG RECON SOLN                  | Tier 4           | S (Specialty Drug), QLC (1 kit/month)             |
| <i>maraviroc tab 150 mg</i>                                     | Tier 1           | QLC (2 tabs/day)                                  |
| <i>maraviroc tab 300 mg</i>                                     | Tier 1           | QLC (4 tabs/day)                                  |
| RUKOBIA ( <i>fostemsavir tromethamine</i> ) 600 MG TAB ER 12H   | Tier 3           | PA, QLC (2 tabs/day)                              |
| SELZENTRY ( <i>maraviroc</i> ) 150 MG TAB                       | Tier 3           | QLC (2 tabs/day)                                  |
| SELZENTRY ( <i>maraviroc</i> ) 20 MG/ML SOLUTION                | Tier 2           | QLC (60 ml/day)                                   |
| SELZENTRY ( <i>maraviroc</i> ) 25 MG TAB                        | Tier 2           | QLC (8 tabs/day)                                  |
| SELZENTRY ( <i>maraviroc</i> ) 300 MG TAB                       | Tier 3           | QLC (4 tabs/day)                                  |
| SELZENTRY ( <i>maraviroc</i> ) 75 MG TAB                        | Tier 2           | QLC (2 tabs/day)                                  |
| SUNLENCA ( <i>lenacapavir sodium</i> ) 4 X 300 MG TAB THPK      | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/180 days) |
| SUNLENCA ( <i>lenacapavir sodium</i> ) 5 X 300 MG TAB THPK      | Tier 4           | PA, LA, S (Specialty Drug), QLC (5 tabs/180 days) |
| TYBOST ( <i>cobicistat</i> ) 150 MG TAB                         | Tier 3           | QLC (1 tab/day)                                   |
| <b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>                |                  |   |
| APTIVUS ( <i>tipranavir</i> ) 100 MG/ML SOLUTION                | Tier 2           | QLC (10 ml/day)                                   |
| APTIVUS ( <i>tipranavir</i> ) 250 MG CAP                        | Tier 2           | QLC (4 caps/day)                                  |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>               | Tier 1           | QLC (2 caps/day)                                  |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>               | Tier 1           | QLC (2 caps/day)                                  |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>               | Tier 1           | QLC (1 cap/day)                                   |

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| <b>PRESCRIPTION DRUG NAME</b>                                       | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| CRIXIVAN ( <i>indinavir sulfate</i> ) 400 MG CAP                    | Tier 2           | QLC (6 caps/day)                        |
| <i>darunavir tab 600 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>darunavir tab 800 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| EVOTAZ ( <i>atazanavir sulfate-cobicistat</i> ) 300-150 MG TAB      | Tier 3           | QLC (1 tab/day)                         |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i>                | Tier 1           | QLC (4 tabs/day)                        |
| INVIRASE ( <i>saquinavir mesylate</i> ) 500 MG TAB                  | Tier 2           | QLC (4 tabs/day)                        |
| KALETRA ( <i>lopinavir-ritonavir</i> ) 100-25 MG TAB, 200-50 MG TAB | Tier 3           | QLC (4 tabs/day)                        |
| KALETRA ( <i>lopinavir-ritonavir</i> ) 400-100 MG/5ML SOLUTION      | Tier 3           | QLC (10 ml/day)                         |
| LEXIVA ( <i>fosamprenavir calcium</i> ) 50 MG/ML SUSPENSION         | Tier 2           | QLC (56 ml/day)                         |
| LEXIVA ( <i>fosamprenavir calcium</i> ) 700 MG TAB                  | Tier 3           | QLC (4 tabs/day)                        |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>        | Tier 1           | QLC (10 ml/day)                         |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                            | Tier 1           | QLC (4 tabs/day)                        |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                            | Tier 1           | QLC (4 tabs/day)                        |
| NORVIR ( <i>ritonavir</i> ) 100 MG CAP                              | Tier 2           | QLC (12 caps/day)                       |
| NORVIR ( <i>ritonavir</i> ) 100 MG PACKET                           | Tier 2           | QLC (12 packets/day)                    |
| NORVIR ( <i>ritonavir</i> ) 100 MG TAB                              | Tier 3           | QLC (12 tabs/day)                       |
| NORVIR ( <i>ritonavir</i> ) 80 MG/ML SOLUTION                       | Tier 2           | QLC (15 ml/day)                         |
| PREZCOBIX ( <i>darunavir-cobicistat</i> ) 800-150 MG TAB            | Tier 2           | QLC (1 tab/day)                         |
| PREZISTA ( <i>darunavir ethanolate</i> ) 100 MG/ML SUSPENSION       | Tier 2           | QLC (12 ml/day)                         |
| PREZISTA ( <i>darunavir ethanolate</i> ) 150 MG TAB                 | Tier 2           | QLC (4 tabs/day)                        |
| PREZISTA ( <i>darunavir ethanolate</i> ) 75 MG TAB                  | Tier 2           | QLC (2 tabs/day)                        |
| PREZISTA ( <i>darunavir</i> ) 600 MG TAB                            | Tier 3           | QLC (2 tabs/day)                        |
| PREZISTA ( <i>darunavir</i> ) 800 MG TAB                            | Tier 3           | QLC (1 tab/day)                         |

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|---|------------------|---|
| REYATAZ ( <i>atazanavir sulfate</i> ) 150 MG CAP, 200 MG CAP                                  | Tier 3           | QLC (2 caps/day)                                  |
| REYATAZ ( <i>atazanavir sulfate</i> ) 300 MG CAP  | Tier 3           | QLC (1 cap/day)                                   |
| REYATAZ ( <i>atazanavir sulfate</i> ) 50 MG PACKET  | Tier 2           | QLC (5 packs/day)                                 |
| <i>ritonavir tab 100 mg</i>   | Tier 1           | QLC (12 tabs/day)                                 |
| SYMTUZA ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> ) 800-150-200-10 MG | Tier 2           | QLC (1 tab/day)                                   |
| VIRACEPT ( <i>nelfinavir mesylate</i> ) 250 MG TAB  | Tier 2           | QLC (9 tabs/day)                                  |
| VIRACEPT ( <i>nelfinavir mesylate</i> ) 625 MG TAB  | Tier 2           | QLC (4 tabs/day)                                  |
| <b>ANTI-INFLUENZA AGENTS (Drugs for Flu)</b>  |                  |   |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>   | Tier 1           | QLC (40 caps/6 months)                            |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>   | Tier 1           | QLC (20 caps/6 months)                            |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>   | Tier 1           | QLC (20 caps/6 months)                            |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>                                    | Tier 1           | QLC (6 bottles/6 months)                          |
| RELENZA DISKHALER ( <i>zanamivir</i> ) 5 MG/ACT AER POW BA                                    | Tier 2           | QLC (2 inhalers/6 months)                         |
| RIMANTADINE HCL ( <i>rimantadine hydrochloride</i> ) 100 MG TAB                               | Tier 1           |   |
| TAMIFLU ( <i>oseltamivir phosphate</i> ) 30 MG CAP  | Tier 3           | QLC (40 caps/6 months)                            |
| TAMIFLU ( <i>oseltamivir phosphate</i> ) 45 MG CAP, 75 MG CAP                                 | Tier 3           | QLC (20 caps/6 months)                            |
| TAMIFLU ( <i>oseltamivir phosphate</i> ) 6 MG/ML RECON SUSP                                   | Tier 3           | QLC (6 bottles/6 months)                          |
| XENLETA ( <i>lefamulin acetate</i> ) 600 MG TAB   | Tier 3           | PA, QLC (10 tabs/month)                           |
| XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 1 TAB THPK                          | Tier 3           | QLC (1 tab/day; max 2 tabs/180 days)              |
| XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 2 20 TAB THPK                       | Tier 3           | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |

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| PRESCRIPTION DRUG NAME  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS                  |
|---|-----------|---|
| XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 1 TAB THPK    | Tier 3    | QLC (1 tab/day; max 2 tabs/180 days)              |
| XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 2 40 TAB THPK | Tier 3    | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |

### ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

|  |        |  |
|--|--------|--|
| <i>acyclovir cap 200 mg</i>                              | Tier 1 |  |
| <i>acyclovir susp 200 mg/5ml</i>                         | Tier 1 |  |
| <i>acyclovir tab 400 mg</i>                              | Tier 1 |  |
| <i>acyclovir tab 800 mg</i>                              | Tier 1 |  |
| <i>famciclovir tab 125 mg</i>                            | Tier 1 |  |
| <i>famciclovir tab 250 mg</i>                            | Tier 1 |  |
| <i>famciclovir tab 500 mg</i>                            | Tier 1 |  |
| <i>valacyclovir hcl tab 1 gm</i>                         | Tier 1 |  |
| <i>valacyclovir hcl tab 500 mg</i>                       | Tier 1 |  |
| VALTREX ( <i>valacyclovir hcl</i> ) 1 GM TAB, 500 MG TAB | Tier 3 |  |
| ZOVIRAX ( <i>acyclovir</i> ) 200 MG/5ML SUSPENSION       | Tier 3 |  |

### ANTIVIRAL, CORONAVIRUS AGENTS

|   |        |  |
|---|--------|--|
| LAGEVRIO ( <i>molnupiravir</i> ) 200 MG CAP                                   | Tier 2 | AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at \$0), CW |
| PAXLOVID (150/100) ( <i>nirmatrelvir-ritonavir</i> ) MG & 0MG TAB THPK        | Tier 2 | AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW |
| PAXLOVID (300/100) ( <i>nirmatrelvir-ritonavir</i> ) 20 150 MG & 0MG TAB THPK | Tier 2 | AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW |

### ANXIOLYTICS (Drugs for Anxiety)

#### ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

|                               |        |  |
|-------------------------------|--------|--|
| <i>bupirone hcl tab 10 mg</i> | Tier 1 |  |
| <i>bupirone hcl tab 15 mg</i> | Tier 1 |  |
| <i>bupirone hcl tab 30 mg</i> | Tier 1 |  |

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|---|------------------|---|
| <i>bupirone hcl tab 5 mg</i>                              | Tier 1           |   |
| <i>bupirone hcl tab 7.5 mg</i>                            | Tier 1           |   |
| <i>meprobamate tab 200 mg</i>                             | Tier 1           | AL1 (Up to 64 yrs old)                  |
| <i>meprobamate tab 400 mg</i>                             | Tier 1           | AL1 (Up to 64 yrs old)                  |
| <b>BENZODIAZEPINES</b>                                    |                  |   |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC                          | Tier 1           | QLC (4 ml/day)                          |
| <i>alprazolam orally disintegrating tab 0.25 mg</i>       | Tier 1           | QLC (4 tabs/day)                        |
| <i>alprazolam orally disintegrating tab 0.5 mg</i>        | Tier 1           | QLC (4 tabs/day)                        |
| <i>alprazolam orally disintegrating tab 1 mg</i>          | Tier 1           | QLC (4 tabs/day)                        |
| <i>alprazolam orally disintegrating tab 2 mg</i>          | Tier 1           | QLC (2 tabs/day)                        |
| <i>alprazolam tab 0.25 mg</i>                             | Tier 1           | QLC (4 tabs/day)                        |
| <i>alprazolam tab 0.5 mg</i>                              | Tier 1           | QLC (4 tabs/day)                        |
| <i>alprazolam tab 1 mg</i>                                | Tier 1           | QLC (4 tabs/day)                        |
| <i>alprazolam tab 2 mg</i>                                | Tier 1           | QLC (2 tabs/day)                        |
| <i>alprazolam tab er 24hr 0.5 mg</i><br>(ALPRAZOLAM ER)   | Tier 1           | QLC (1 tab/day)                         |
| <i>alprazolam tab er 24hr 0.5 mg</i><br>(ALPRAZOLAM XR)   | Tier 1           | QLC (1 tab/day)                         |
| <i>alprazolam tab er 24hr 1 mg</i><br>(ALPRAZOLAM ER)     | Tier 1           | QLC (1 tab/day)                         |
| <i>alprazolam tab er 24hr 1 mg</i><br>(ALPRAZOLAM XR)     | Tier 1           | QLC (1 tab/day)                         |
| <i>alprazolam tab er 24hr 2 mg</i><br>(ALPRAZOLAM ER) 4hr | Tier 1           | QLC (2 tabs/day)                        |
| <i>alprazolam tab er 24hr 2 mg</i><br>(ALPRAZOLAM XR) 4hr | Tier 1           | QLC (2 tabs/day)                        |
| <i>alprazolam tab er 24hr 3 mg</i><br>(ALPRAZOLAM ER)     | Tier 1           | QLC (1 tab/day)                         |
| <i>alprazolam tab er 24hr 3 mg</i><br>(ALPRAZOLAM XR)     | Tier 1           | QLC (1 tab/day)                         |
| ATIVAN ( <i>lorazepam</i> ) 0.5 MG TAB                    | Tier 3           | QLC (20 tabs/day)                       |

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|--|------------------|---|
| ATIVAN ( <i>lorazepam</i> ) 1 MG TAB                 | Tier 3           | QLC (10 tabs/day)                       |
| ATIVAN ( <i>lorazepam</i> ) 2 MG TAB                 | Tier 3           | QLC (5 tabs/day)                        |
| <i>chlordiazepoxide hcl cap 10 mg</i>                | Tier 1           | QLC (30 caps/day)                       |
| <i>chlordiazepoxide hcl cap 25 mg</i>                | Tier 1           | QLC (12 caps/day)                       |
| <i>chlordiazepoxide hcl cap 5 mg</i>                 | Tier 1           | QLC (60 caps/day)                       |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | Tier 1           |   |
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | Tier 1           |   |
| <i>clonazepam orally disintegrating tab 0.5 mg</i>   | Tier 1           |   |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | Tier 1           |   |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | Tier 1           |   |
| <i>clonazepam tab 0.5 mg</i>                         | Tier 1           | QLC (40 tabs/day)                       |
| <i>clonazepam tab 1 mg</i>                           | Tier 1           | QLC (20 tabs/day)                       |
| <i>clonazepam tab 2 mg</i>                           | Tier 1           | QLC (10 tabs/day)                       |
| <i>clorazepate dipotassium tab 15 mg</i>             | Tier 1           | QLC (6 tabs/day)                        |
| <i>clorazepate dipotassium tab 3.75 mg</i>           | Tier 1           | QLC (24 tabs/day)                       |
| <i>clorazepate dipotassium tab 7.5 mg</i>            | Tier 1           | QLC (12 tabs/day)                       |
| <i>diazepam conc 5 mg/ml</i>                         | Tier 1           | QLC (12 bottles/month)                  |
| <i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)     | Tier 1           | QLC (12 bottles/month)                  |
| <i>diazepam oral soln 1 mg/ml</i>                    | Tier 1           | QLC (60 ml/day)                         |
| <i>diazepam tab 10 mg</i>                            | Tier 1           | QLC (6 tabs/day)                        |
| <i>diazepam tab 2 mg</i>                             | Tier 1           | QLC (30 tabs/day)                       |
| <i>diazepam tab 5 mg</i>                             | Tier 1           | QLC (12 tabs/day)                       |
| KLONOPIN ( <i>clonazepam</i> ) 0.5 MG TAB            | Tier 3           | QLC (40 tabs/day)                       |
| KLONOPIN ( <i>clonazepam</i> ) 1 MG TAB              | Tier 3           | QLC (20 tabs/day)                       |
| KLONOPIN ( <i>clonazepam</i> ) 2 MG TAB              | Tier 3           | QLC (10 tabs/day)                       |
| <i>lorazepam conc 2 mg/ml</i>                        | Tier 1           | QLC (150 ml/month)                      |
| lorazepam conc 2 mg/ml (Lorazepam Intensol)          | Tier 1           | QLC (150 ml/month)                      |

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|--|------------------|---|
| <i>lorazepam tab 0.5 mg</i>  | Tier 1           | QLC (20 tabs/day)                       |
| <i>lorazepam tab 1 mg</i>  | Tier 1           | QLC (10 tabs/day)                       |
| <i>lorazepam tab 2 mg</i>  | Tier 1           | QLC (5 tabs/day)                        |
| LOREEV XR ( <i>lorazepam</i> ) 1 MG CP24 SPRNK                                     | Tier 3           | PA, QLC (3 caps/day)                    |
| LOREEV XR ( <i>lorazepam</i> ) 1.5 MG CP24 SPRNK                                   | Tier 3           | PA, QLC (6 caps/day)                    |
| LOREEV XR ( <i>lorazepam</i> ) 2 MG CP24 SPRNK                                     | Tier 3           | PA, QLC (5 caps/day)                    |
| LOREEV XR ( <i>lorazepam</i> ) 3 MG CP24 SPRNK                                     | Tier 3           | PA, QLC (3 caps/day)                    |
| <i>oxazepam cap 10 mg</i>  | Tier 1           | QLC (12 caps/day)                       |
| <i>oxazepam cap 15 mg</i>  | Tier 1           | QLC (8 caps/day)                        |
| <i>oxazepam cap 30 mg</i>  | Tier 1           | QLC (4 caps/day)                        |
| TRANXENE-T ( <i>clorazepate dipotassium</i> ) RANXENE-7.5 MG AB                    | Tier 3           | QLC (12 tabs/day)                       |
| VALIUM ( <i>diazepam</i> ) 10 MG TAB   | Tier 3           | QLC (6 tabs/day)                        |
| VALIUM ( <i>diazepam</i> ) 2 MG TAB  | Tier 3           | QLC (30 tabs/day)                       |
| VALIUM ( <i>diazepam</i> ) 5 MG TAB  | Tier 3           | QLC (12 tabs/day)                       |
| XANAX ( <i>alprazolam</i> ) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB                      | Tier 3           | QLC (4 tabs/day)                        |
| XANAX ( <i>alprazolam</i> ) 2 MG TAB   | Tier 3           | QLC (2 tabs/day)                        |
| XANAX XR ( <i>alprazolam</i> ) 0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H | Tier 3           | QLC (1 tab/day)                         |
| XANAX XR ( <i>alprazolam</i> ) 2 MG TAB ER 24H                                     | Tier 3           | QLC (2 tabs/day)                        |

## **BIPOLAR AGENTS (Drugs for Bipolar Disorder)**

### **MOOD STABILIZERS**

|  |        |  |
|--|--------|--|
| EQUETRO ( <i>carbamazepine (antipsychotic)</i> ) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H | Tier 2 |  |
| LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP   | Tier 1 |  |
| <i>lithium carbonate cap 150 mg</i>  | Tier 1 |  |

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| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>lithium carbonate cap 300 mg</i>                              | Tier 1    |                                  |
| <i>lithium carbonate cap 600 mg</i>                              | Tier 1    |                                  |
| <i>lithium carbonate tab 300 mg</i>                              | Tier 1    |                                  |
| <i>lithium carbonate tab er 300 mg</i><br>(LITHIUM CARBONATE ER) | Tier 1    |                                  |
| <i>lithium carbonate tab er 450 mg</i><br>(LITHIUM CARBONATE ER) | Tier 1    |                                  |
| <i>lithium oral solution 8 meq/5ml</i>                           | Tier 1    |                                  |
| LITHOBID ( <i>lithium carbonate</i> ) 300 MG<br>TAB ER           | Tier 3    |                                  |

## BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

### ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

|  |        |                               |
|--|--------|-------------------------------|
| <i>acarbose tab 100 mg</i>   | Tier 1 |                               |
| <i>acarbose tab 25 mg</i>  | Tier 1 |                               |
| <i>acarbose tab 50 mg</i>  | Tier 1 |                               |
| ACTOPLUS MET ( <i>pioglitazone hcl-metformin hcl</i> ) 15-500 MG TAB, 15-850 MG TAB                                    | Tier 3 | QLC (3 tabs/day)              |
| ACTOS ( <i>pioglitazone hcl</i> ) 15 MG TAB, 30 MG TAB, 45 MG TAB  | Tier 3 |                               |
| ADLYXIN ( <i>lixisenatide</i> ) 20 MCG/0.2ML SOLN PEN  | Tier 3 | PA, QLC (1 pack/month)        |
| ADLYXIN STARTER PACK ( <i>lixisenatide</i> ) 10 & 20 MCG/0.2ML PEN KIT   | Tier 3 | PA, QLC (1 pack/month)        |
| ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB  | Tier 3 | ST, QLC (1 tab/day)           |
| ALOGLIPTIN-METFORMIN HCL -12.5-1000 MG TAB, -12.5-500 MG TAB   | Tier 3 | ST, QLC (2 tabs/day)          |
| ALOGLIPTIN-PIOGLITAZONE -12.5-15 MG TAB, -12.5-30 MG TAB, -12.5-45 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB | Tier 3 | ST, QLC (1 tab/day)           |
| AMARYL ( <i>glimepiride</i> ) 1 MG TAB, 2 MG TAB, 4 MG TAB   | Tier 3 |                               |
| BYDUREON ( <i>exenatide</i> ) 2 MG PEN   | Tier 3 | PA, QLC (4 pens/month)        |
| BYDUREON BCISE ( <i>exenatide</i> ) 2 MG/0.85ML -INJ   | Tier 3 | PA, QLC (4 injectors/28 days) |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| BYETTA 10 MCG PEN ( <i>exenatide</i> ) /0.04ML SOLN   | Tier 3           | PA, QLC (1 pen/month)                   |
| BYETTA 5 MCG PEN ( <i>exenatide</i> ) /0.02ML SOLN  | Tier 3           | PA, QLC (1 pen/month)                   |
| CYCLOSET ( <i>bromocriptine mesylate (diabetes)</i> ) 0.8 MG TAB                                      | Tier 3           | PA, QLC (6 tabs/day)                    |
| DAPAGLIFLOZIN PRO-METFORMIN ER ( <i>dapagliflozin propanediol-metformin hcl</i> ) -10-1000 MG TAB 24H | Tier 3           | PA, QLC (1 tab/day)                     |
| DAPAGLIFLOZIN PRO-METFORMIN ER ( <i>dapagliflozin propanediol-metformin hcl</i> ) -5-1000 MG TAB 24H  | Tier 3           | PA, QLC (2 tabs/day)                    |
| DUETACT ( <i>pioglitazone hcl-glimepiride</i> ) 30-2 MG TAB, 30-4 MG TAB                              | Tier 3           | ST, QLC (1 tab/day)                     |
| FORTAMET ( <i>metformin hcl</i> ) 500 MG TAB ER 24H, 1000 MG TAB ER 24H                               | Tier 3           | PA                                      |
| GLIMEPIRIDE 3 MG TAB  | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>glimepiride tab 1 mg</i>   | Tier 1           |   |
| <i>glimepiride tab 2 mg</i>   | Tier 1           |   |
| <i>glimepiride tab 4 mg</i>   | Tier 1           |   |
| GLIPIZIDE 2.5 MG TAB  | Tier 1           | QLC (1 tab/day)                         |
| <i>glipizide tab 10 mg</i>  | Tier 1           |   |
| <i>glipizide tab 5 mg</i>   | Tier 1           |   |
| <i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)   | Tier 1           |   |
| <i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)   | Tier 1           |   |
| <i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)  | Tier 1           |   |
| <i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)  | Tier 1           |   |
| <i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)  | Tier 1           |   |
| <i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)  | Tier 1           |   |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>   | Tier 1           |   |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>   | Tier 1           |   |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| GLUCOTROL ( <i>glipizide</i> ) 10 MG TAB   | Tier 3           |   |
| GLUCOTROL XL ( <i>glipizide</i> ) 2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H   | Tier 3           |   |
| GLUMETZA ( <i>metformin hcl</i> ) 1000 MG TAB ER 24H   | Tier 3           | PA, QLC (2 tabs/day)                    |
| GLUMETZA ( <i>metformin hcl</i> ) 500 MG TAB ER 24H  | Tier 3           | PA                                      |
| GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB  | Tier 1           |   |
| <i>glyburide tab 1.25 mg</i>   | Tier 1           |   |
| <i>glyburide tab 2.5 mg</i>  | Tier 1           |   |
| <i>glyburide tab 5 mg</i>  | Tier 1           |   |
| <i>glyburide-metformin tab 1.25-250 mg</i>   | Tier 1           |   |
| <i>glyburide-metformin tab 2.5-500 mg</i>  | Tier 1           |   |
| <i>glyburide-metformin tab 5-500 mg</i>  | Tier 1           |   |
| GLYNASE ( <i>glyburide micronized</i> ) 1.5 MG TAB, 3 MG TAB, 6 MG TAB   | Tier 3           |   |
| GLYXAMBI ( <i>empagliflozin-linagliptin</i> ) 10-5 MG TAB, 25-5 MG TAB   | Tier 2           | ST, QLC (1 tab/day)                     |
| INVOKAMET ( <i>canagliflozin-metformin hcl</i> ) 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB   | Tier 3           | ST, QLC (2 tabs/day)                    |
| INVOKAMET ( <i>canagliflozin-metformin hcl</i> ) 50-500 MG TAB   | Tier 3           | ST, QLC (4 tabs/day)                    |
| INVOKAMET XR ( <i>canagliflozin-metformin hcl</i> ) 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H | Tier 3           | ST, QLC (2 tabs/day)                    |
| JANUMET ( <i>sitagliptin-metformin hcl</i> ) 50-1000 MG TAB, 50-500 MG TAB   | Tier 2           | ST, QLC (2 tabs/day)                    |
| JANUMET XR ( <i>sitagliptin-metformin hcl</i> ) 50-1000 MG TAB ER 24H  | Tier 2           | ST, QLC (2 tabs/day)                    |
| JANUMET XR ( <i>sitagliptin-metformin hcl</i> ) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H   | Tier 2           | ST, QLC (1 tab/day)                     |
| JANUVIA ( <i>sitagliptin phosphate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB  | Tier 2           | ST, QLC (1 tab/day)                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| JENTADUETO ( <i>linagliptin-metformin hcl</i> ) 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB | Tier 3           | ST, QLC (2 tabs/day)                    |
| JENTADUETO XR ( <i>linagliptin-metformin hcl</i> ) 2.5-1000 MG TAB ER 24H                       | Tier 3           | ST, QLC (2 tabs/day)                    |
| JENTADUETO XR ( <i>linagliptin-metformin hcl</i> ) 5-1000 MG TAB ER 24H                         | Tier 3           | ST, QLC (1 tab/day)                     |
| KAZANO ( <i>alogliptin-metformin hcl</i> ) 12.5-1000 MG TAB, 12.5-500 MG TAB                    | Tier 3           | ST, QLC (2 tabs/day)                    |
| KOMBIGLYZE XR ( <i>saxagliptin-metformin hcl</i> ) 2.5-1000 MG TAB ER 24H                       | Tier 3           | ST, QLC (2 tabs/day)                    |
| KOMBIGLYZE XR ( <i>saxagliptin-metformin hcl</i> ) 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H    | Tier 3           | ST, QLC (1 tab/day)                     |
| <i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>  | Tier 1           | PA, QLC (3 pens/30 days)                |
| METFORMIN HCL 625 MG TAB  | Tier 1           | PA, QLC (4 tabs/day)                    |
| METFORMIN HCL 750 MG TAB  | Tier 1           | PA, QLC (3 tabs/day)                    |
| <i>metformin hcl oral soln 500 mg/5ml</i>   | Tier 3           | PA, QLC (25.5 ml/day)                   |
| <i>metformin hcl tab 1000 mg</i>  | Tier 1           |   |
| <i>metformin hcl tab 500 mg</i>   | Tier 1           |   |
| <i>metformin hcl tab 850 mg</i>   | Tier 1           |   |
| <i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)                                      | Tier 1           |   |
| <i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)                                      | Tier 1           |   |
| <i>metformin hcl tab er 24hr modified release 1000 mg</i> (METFORMIN HCL ER (MOD))              | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>metformin hcl tab er 24hr modified release 500 mg</i> (METFORMIN HCL ER (MOD))               | Tier 1           | PA, QLC (3 tabs/day)                    |
| <i>metformin hcl tab er 24hr osmotic 1000 mg</i> (METFORMIN HCL ER (OSM))                       | Tier 1           | PA                                      |
| <i>metformin hcl tab er 24hr osmotic 500 mg</i> (METFORMIN HCL ER (OSM))                        | Tier 1           | PA                                      |
| MIGLITOL 25 MG TAB, 50 MG TAB, 100 MG TAB   | Tier 1           | QLC (3 tabs/day)                        |

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Therapy

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|---|------------------|---|
| <i>migliol tab 100 mg</i>   | Tier 1           | QLC (3 tabs/day)                        |
| <i>migliol tab 25 mg</i>  | Tier 1           | QLC (3 tabs/day)                        |
| <i>migliol tab 50 mg</i>  | Tier 1           | QLC (3 tabs/day)                        |
| MOUNJARO ( <i>tirzepatide</i> ) MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ | Tier 2           | PA, QLC (4 pens (2 ml)/28 days)         |
| <i>nateglinide tab 120 mg</i>   | Tier 1           |   |
| <i>nateglinide tab 60 mg</i>  | Tier 1           |   |
| NESINA ( <i>alogliptin benzoate</i> ) 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB   | Tier 3           | ST, QLC (1 tab/day)                     |
| ONGLYZA ( <i>saxagliptin hcl</i> ) 2.5 MG TAB, 5 MG TAB   | Tier 3           | ST, QLC (1 tab/day)                     |
| OSENI ( <i>alogliptin-pioglitazone</i> ) 12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB   | Tier 3           | ST, QLC (1 tab/day)                     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) ( <i>semaglutide</i> ) (MG/1.5ML SOLN PEN)  | Tier 2           | PA, QLC (1 pen/28 days)                 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) ( <i>semaglutide</i> ) (MG/3ML SOLN PEN)  | Tier 2           | PA, QLC (3 ml/28 days)                  |
| OZEMPIC (1 MG/DOSE) ( <i>semaglutide</i> ) 2 MG/1.5ML SOLN PEN  | Tier 2           | PA, QLC (2 pens/28 days)                |
| OZEMPIC (1 MG/DOSE) ( <i>semaglutide</i> ) 4 MG/3ML SOLN PEN  | Tier 2           | PA, QLC (3 ml/ 28 days)                 |
| OZEMPIC (2 MG/DOSE) ( <i>semaglutide</i> ) 8 MG/3ML SOLN PEN  | Tier 2           | PA, QLC (1 pen (3ml)/28 days)           |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>  | Tier 1           |   |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>  | Tier 1           |   |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>  | Tier 1           |   |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>   | Tier 1           | QLC (3 tabs/day)                        |

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|--|------------------|---|
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>  | Tier 1           | QLC (3 tabs/day)                        |
| PRECOSE ( <i>acarbose</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB   | Tier 3           |   |
| QTERN ( <i>dapagliflozin-saxagliptin</i> ) 5-5 MG TAB, 10-5 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| <i>repaglinide tab 0.5 mg</i>  | Tier 1           |   |
| <i>repaglinide tab 1 mg</i>  | Tier 1           |   |
| <i>repaglinide tab 2 mg</i>  | Tier 1           |   |
| RIOMET ( <i>metformin hcl</i> ) 500 MG/5ML SOLUTION  | Tier 3           | PA, QLC (25.5 ml/day)                   |
| RYBELSUS ( <i>semaglutide</i> ) 3 MG TAB, 7 MG TAB, 14 MG TAB  | Tier 2           | PA, QLC (1 tab/day)                     |
| <i>saxagliptin hcl tab 2.5 mg (base equiv)</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>saxagliptin hcl tab 5 mg (base equiv)</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)                            | Tier 1           | ST, QLC (2 tabs/day)                    |
| <i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)                              | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> (SAXAGLIPTIN-METFORMIN ER)                               | Tier 1           | ST, QLC (1 tab/day)                     |
| SEGLUROMET ( <i>ertugliflozin-metformin hcl</i> ) 2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB             | Tier 3           | ST, QLC (2 tabs/day)                    |
| SEGLUROMET ( <i>ertugliflozin-metformin hcl</i> ) 2.5-500 MG TAB   | Tier 3           | ST, QLC (4 tabs/day)                    |
| SITAGLIPTIN 25 MG TAB, 50 MG TAB, 100 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| SITAGLIPTIN BASE-METFORMIN HCL ( <i>sitagliptin free base-metformin hcl</i> ) - 50-1000 MG TAB, -50-500 MG TAB | Tier 3           | PA, QLC (2 tabs/day)                    |
| SOLIQUA ( <i>insulin glargine-lixisenatide</i> ) 100-33 UNT-MCG/ML SOLN PEN                                    | Tier 3           | PA, QLC (6 pens/month)                  |
| STARLIX ( <i>nateglinide</i> ) 120 MG TAB  | Tier 3           |   |
| STEGLUJAN ( <i>ertugliflozin-sitagliptin</i> ) 5-100 MG TAB, 15-100 MG TAB                                     | Tier 3           | PA, QLC (1 tab/day)                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                          |
|--|------------------|--|
| SYMLINPEN 120 ( <i>pramlintide acetate</i> )<br>SYMLIN2700 MCG/2.7ML SOLN  | Tier 3           | PA   |
| SYMLINPEN 60 ( <i>pramlintide acetate</i> )<br>SYMLIN1500 MCG/1.5ML SOLN   | Tier 3           | PA   |
| SYNJARDY ( <i>empagliflozin-metformin hcl</i> ) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB                 | Tier 2           | ST, QLC (2 tabs/day)   |
| SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 25-1000 MG TAB ER 24H   | Tier 2           | ST, QLC (1 tab/day)  |
| SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H        | Tier 2           | ST, QLC (2 tabs/day)   |
| TOLBUTAMIDE 500 MG TAB   | Tier 1           |  |
| TRADJENTA ( <i>linagliptin</i> ) 5 MG TAB  | Tier 3           | ST, QLC (1 tab/day)  |
| TRIJARDY XR ( <i>empagliflozin-linagliptin-metformin</i> ) 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H                    | Tier 3           | PA, QLC (1 tab/day)  |
| TRIJARDY XR ( <i>empagliflozin-linagliptin-metformin</i> ) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H               | Tier 3           | PA, QLC (2 tabs/day)   |
| TRULICITY ( <i>dulaglutide</i> ) 0.75 MG/0.5ML SOLN -INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ | Tier 2           | PA, QLC (4 pens (2 ml)/28 days)                                  |
| VICTOZA ( <i>liraglutide</i> ) 18 MG/3ML SOLN PEN  | Tier 3           | PA, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size)) |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) 10-1000 MG TAB ER 24H   | Tier 2           | ST, QLC (1 tab/day)  |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) 5-1000 MG TAB ER 24H  | Tier 2           | ST, QLC (2 tabs/day)   |
| XIGDUO XR ( <i>dapagliflozin-metformin hcl</i> ) 2.5-1000 MG TAB ER 24H  | Tier 2           | ST, QLC (2 tabs/day)   |
| XIGDUO XR ( <i>dapagliflozin-metformin hcl</i> ) 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H                                     | Tier 2           | ST, QLC (1 tab/day)  |
| XULTOPHY ( <i>insulin degludec-liraglutide</i> ) 100-3.6 UNIT-MG/ML SOLN PEN   | Tier 3           | PA, QLC (5 pens/month)   |
| ZITUVIMET ( <i>sitagliptin free base-metformin hcl</i> ) 50-1000 MG TAB, 50-500 MG TAB   | Tier 3           | PA, QLC (2 tabs/day)   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| ZITUVIMET XR ( <i>sitagliptin free base-metformin hcl</i> ) 50-1000 MG TAB ER 24H                        | Tier 3           | PA, QLC (2 tabs/day)                    |
| ZITUVIMET XR ( <i>sitagliptin free base-metformin hcl</i> ) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H | Tier 3           | PA, QLC (1 tab/day)                     |
| ZITUVIO ( <i>sitagliptin</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| <b>GLYCEMIC AGENTS (Drugs for Low Blood Sugar)</b>   |                  |   |
| BAQSIMI ONE PACK ( <i>glucagon</i> ) 3 MG/DOSE POWDER  | Tier 3           | QLC (2 sprayers/30 days)                |
| BAQSIMI TWO PACK ( <i>glucagon</i> ) 3 MG/DOSE POWDER  | Tier 3           | QLC (2 sprayers/30 days)                |
| <i>diazoxide susp 50 mg/ml</i>   | Tier 1           |   |
| GLUCAGEN HYPOKIT ( <i>glucagon hcl (rdna)</i> ) 1 MG RECON SOLN  | Tier 2           | QLC (2 injections/fill)                 |
| GLUCAGON EMERGENCY ( <i>glucagon (rdna)</i> ) 1 MG KIT   | Tier 3           | QLC (2 kits/fill)                       |
| GLUCAGON EMERGENCY ( <i>glucagon hcl</i> ) 1 MG/ML RECON SOLN  | Tier 2           | QLC (2 kits/fill)                       |
| GVOKE HYPOPEN 1-PACK ( <i>glucagon</i> ) 1-PCK 0.5 MG/0.1ML SOLN -INJ, 1-PCK 1 MG/0.2ML SOLN -INJ        | Tier 3           | QLC (2 injectors/30 days)               |
| GVOKE HYPOPEN 2-PACK ( <i>glucagon</i> ) 2-PCK 0.5 MG/0.1ML SOLN -INJ, 2-PCK 1 MG/0.2ML SOLN -INJ        | Tier 3           | QLC (2 injectors/30 days)               |
| GVOKE KIT ( <i>glucagon</i> ) 1 MG/0.2ML SOLUTION  | Tier 3           | QLC (2 kits/30 days)                    |
| GVOKE PFS ( <i>glucagon</i> ) 0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR                             | Tier 3           | QLC (2 syringes/30 days)                |
| PROGLYCEM ( <i>diazoxide</i> ) 50 MG/ML SUSPENSION   | Tier 3           |   |
| ZEGALOGUE ( <i>dasiglucagon hcl</i> ) 0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR                   | Tier 3           | PA, QLC (2 syringes/30 days)            |
| <b>INSULINS</b>  |                  |   |
| ADMELOG ( <i>insulin lispro</i> ) 100 UNIT/ML SOLUTION   | Tier 3           | PA                                      |
| ADMELOG SOLOSTAR ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN PEN  | Tier 3           | PA                                      |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| AFREZZA ( <i>insulin regular (human)</i> ) 4 POWDER, 8 POWDER, 12 POWDER                                   | Tier 3           | PA, QLC (3 boxes/month)                 |
| AFREZZA ( <i>insulin regular (human)</i> ) 60X4 60X8 60X12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER | Tier 3           | PA, QLC (1 box/month)                   |
| APIDRA ( <i>insulin glulisine</i> ) 100 UNIT/ML SOLUTION   | Tier 3           | PA                                      |
| APIDRA SOLOSTAR ( <i>insulin glulisine</i> ) 100 UNIT/ML SOLN PEN  | Tier 3           | PA                                      |
| BASAGLAR KWIKPEN ( <i>insulin glargine</i> ) KWIK100 UNIT/ML SOLN  | Tier 3           | PA, QLC (45 ml (15 pens)/ month)        |
| BASAGLAR TEMPO PEN ( <i>insulin glargine</i> ) 100 UNIT/ML SOLN  | Tier 3           | PA, QLC (45 ml (15 pens)/ month)        |
| FIASP ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLUTION                                    | Tier 3           | PA                                      |
| FIASP FLEXTOUCH ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLN PEN                          | Tier 3           | PA                                      |
| FIASP PENFILL ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLN CART                           | Tier 3           | PA                                      |
| FIASP PUMPCART ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLN                               | Tier 3           | PA                                      |
| HUMALOG ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN CART  | Tier 2           |   |
| HUMALOG ( <i>insulin lispro</i> ) 100 UNIT/ML SOLUTION   | Tier 3           | PA                                      |
| HUMALOG JUNIOR KWIKPEN ( <i>insulin lispro</i> ) KWIK100 UNIT/ML SOLN                                      | Tier 2           |   |
| HUMALOG KWIKPEN ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN                       | Tier 2           |   |
| HUMALOG MIX 50/50 ( <i>insulin lispro protamine &amp; lispro</i> ) (50-50) 100 UNIT/ML SUSPENSION          | Tier 2           |   |
| HUMALOG MIX 50/50 KWIKPEN ( <i>insulin lispro protamine &amp; lispro</i> ) KWIK(50-50) 100 UNIT/ML SUSP    | Tier 2           |   |
| HUMALOG MIX 75/25 ( <i>insulin lispro protamine &amp; lispro</i> ) (75-25) 100 UNIT/ML SUSPENSION          | Tier 2           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| HUMALOG MIX 75/25 KWIKPEN ( <i>insulin lispro protamine &amp; lispro</i> ) KWIK(75-25) 100 UNIT/ML SUSP              | Tier 2           |   |
| HUMALOG TEMPO PEN ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN   | Tier 3           | PA                                      |
| HUMULIN R U-500 (CONCENTRATED) ( <i>insulin regular (human)</i> ) HMLIN - (CONCENTATED) NIT/ML SOLTION               | Tier 2           |   |
| HUMULIN R U-500 KWIKPEN ( <i>insulin regular (human)</i> ) HMLIN -KWIKNIT/ML SOLN                                    | Tier 3           |   |
| INSULIN ASP PROT & ASP FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> ) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3           | PA                                      |
| INSULIN ASPART 100 UNIT/ML SOLUTION  | Tier 3           | PA                                      |
| INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN  | Tier 3           | PA                                      |
| INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART   | Tier 3           | PA                                      |
| INSULIN ASPART PROT & ASPART ( <i>insulin aspart protamine &amp; aspart (human)</i> ) (70-30) 100 UNIT/ML SUSPENSION | Tier 3           | PA                                      |
| INSULIN DEGLUDEC 100 UNIT/ML SOLUTION  | Tier 3           | PA, QLC (3 vials/30 days)               |
| INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN  | Tier 3           | PA, QLC (10 pens/month)                 |
| INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN  | Tier 3           | PA, QLC (9 pens/month)                  |
| INSULIN GLARGINE 100 UNIT/ML SOLUTION  | Tier 2           | QLC (40 ml (4 vials)/ month)            |
| INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN   | Tier 3           | PA, QLC (6 pens/month)                  |
| INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN   | Tier 2           | QLC (45 ml (15 pens)/ month)            |
| INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN   | Tier 3           | PA, QLC (12 pens/month)                 |
| INSULIN GLARGINE-YFGN -100 UNIT/ML SOLN PEN  | Tier 3           | PA, QLC (45 ml/30 days)                 |

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|--|------------------|---|
| INSULIN GLARGINE-YFGN -100 UNIT/ML SOLUTION  | Tier 3           | PA, QLC (40 ml/30 days)                 |
| INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN  | Tier 1           |   |
| INSULIN LISPRO 100 UNIT/ML SOLUTION  | Tier 1           |   |
| INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN   | Tier 1           |   |
| INSULIN LISPRO PROT & LISPRO ( <i>insulin lispro protamine &amp; lispro</i> ) (75-25) 100 UNIT/ML SUSP PEN         | Tier 3           |   |
| LANTUS ( <i>insulin glargine</i> ) 100 UNIT/ML SOLUTION  | Tier 2           | QLC (40 ml (4 vials)/ month)            |
| LANTUS SOLOSTAR ( <i>insulin glargine</i> ) 100 UNIT/ML SOLN PEN   | Tier 2           | QLC (45 ml (15 pens)/ month)            |
| LEVEMIR ( <i>insulin detemir</i> ) 100 UNIT/ML SOLUTION  | Tier 3           | PA, QLC (40 ml/month)                   |
| LEVEMIR FLEXPEN ( <i>insulin detemir</i> ) FLEX100 UNIT/ML SOLN  | Tier 3           | PA, QLC (45 ml/month)                   |
| LEVEMIR FLEXTOUCH ( <i>insulin detemir</i> ) 100 UNIT/ML SOLN PEN  | Tier 3           | PA, QLC (45 ml/month)                   |
| LYUMJEV ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLUTION  | Tier 2           |   |
| LYUMJEV KWIKPEN ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN                          | Tier 2           |   |
| LYUMJEV TEMPO PEN ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLN  | Tier 3           | PA                                      |
| NOVOLOG ( <i>insulin aspart</i> ) 100 UNIT/ML SOLUTION   | Tier 3           | PA                                      |
| NOVOLOG 70/30 FLEXPEN RELION ( <i>insulin aspart protamine &amp; aspart (human)</i> ) FLEX(70-30) 100 UNIT/ML SUSP | Tier 3           | PA                                      |
| NOVOLOG FLEXPEN ( <i>insulin aspart</i> ) FLEX100 UNIT/ML SOLN   | Tier 3           | PA                                      |
| NOVOLOG FLEXPEN RELION ( <i>insulin aspart</i> ) FLEX100 UNIT/ML SOLN  | Tier 3           | PA                                      |
| NOVOLOG MIX 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> ) (70-30) 100 UNIT/ML SUSPENSION          | Tier 3           | PA                                      |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| NOVOLOG MIX 70/30 FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> ) FLEX(70-30) 100 UNIT/ML SUSP  | Tier 3           | PA                                      |
| NOVOLOG MIX 70/30 RELION ( <i>insulin aspart protamine &amp; aspart (human)</i> ) (70-30) 100 UNIT/ML SUSPENSION | Tier 3           | PA                                      |
| NOVOLOG PENFILL ( <i>insulin aspart</i> ) 100 UNIT/ML SOLN CART  | Tier 3           | PA                                      |
| NOVOLOG RELION ( <i>insulin aspart</i> ) 100 UNIT/ML SOLUTION  | Tier 3           | PA                                      |
| REZVOGLAR KWIKPEN ( <i>insulin glargine-agl</i> ) KWIK100 UNIT/ML SOLN   | Tier 3           | PA, QLC (45 ml/ 30 days)                |
| SEMGLEE ( <i>insulin glargine</i> ) 100 UNIT/ML SOLN PEN   | Tier 3           | PA, QLC (45 ml (15 pens)/ month)        |
| SEMGLEE ( <i>insulin glargine</i> ) 100 UNIT/ML SOLUTION   | Tier 3           | PA, QLC (40 ml (4 vials)/ month)        |
| SEMGLEE (YFGN) ( <i>insulin glargine-yfgn</i> ) 100 UNIT/ML SOLN PEN   | Tier 3           | PA, QLC (45 ml/30 days)                 |
| SEMGLEE (YFGN) ( <i>insulin glargine-yfgn</i> ) 100 UNIT/ML SOLUTION   | Tier 3           | PA, QLC (40 ml/30 days)                 |
| TOUJEO MAX SOLOSTAR ( <i>insulin glargine</i> ) 300 UNIT/ML SOLN PEN   | Tier 2           | QLC (6 pens/month)                      |
| TOUJEO SOLOSTAR ( <i>insulin glargine</i> ) 300 UNIT/ML SOLN PEN   | Tier 2           | QLC (12 pens/month)                     |
| TRESIBA ( <i>insulin degludec</i> ) 100 UNIT/ML SOLUTION   | Tier 2           | QLC (3 vials/30 days)                   |
| TRESIBA FLEXTOUCH ( <i>insulin degludec</i> ) 100 UNIT/ML SOLN PEN   | Tier 2           | QLC (10 pens/month)                     |
| TRESIBA FLEXTOUCH ( <i>insulin degludec</i> ) 200 UNIT/ML SOLN PEN   | Tier 2           | QLC (9 pens/month)                      |

## **BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)**

### **ANTICOAGULANTS (Blood Thinners)**

|  |        |                      |
|--|--------|----------------------|
| ARIXTRA ( <i>fondaparinux sodium</i> ) 2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION | Tier 4 | QLC (1 syringe/day)  |
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>  | Tier 1 | PA, QLC (2 caps/day) |

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|---|------------------|---|
| <i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (</i>   | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (</i>  | Tier 1           | PA, QLC (2 caps/day)                    |
| ELIQUIS ( <i>apixaban</i> ) 2.5 MG TAB, 5 MG TAB  | Tier 2           | QLC (2 tabs/day)                        |
| ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> ) 5 MG TAB THPK   | Tier 2           | QLC (74 tabs/180 days)                  |
| <i>enoxaparin sodium inj 300 mg/3ml</i>   | Tier 4           | QLC (2 ml/day)                          |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>  | Tier 4           | QLC (2 syringes/day)                    |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>   | Tier 4           | QLC (2 syringes/day)                    |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>  | Tier 4           | QLC (2 syringes/day)                    |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>  | Tier 4           | QLC (2 syringes/day)                    |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>  | Tier 4           | QLC (2 syringes/day)                    |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>  | Tier 4           | QLC (2 syringes/day)                    |
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>  | Tier 4           | QLC (2 syringes/day)                    |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>   | Tier 4           | QLC (1 syringe/day)                     |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>  | Tier 4           | QLC (1 syringe/day)                     |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>  | Tier 4           | QLC (1 syringe/day)                     |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>  | Tier 4           | QLC (1 syringe/day)                     |
| FRAGMIN ( <i>dalteparin sodium</i> ) 10000 UNIT/4ML SOLUTION  | Tier 4           | QLC (2 vials/day)                       |
| FRAGMIN ( <i>dalteparin sodium</i> ) 10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR | Tier 4           | QLC (1 syringe/day)                     |
| FRAGMIN ( <i>dalteparin sodium</i> ) 12500 UNIT/0.5ML SOLN PRSYR  | Tier 4           | QLC (1 syringe/day)                     |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| FRAGMIN ( <i>dalteparin sodium</i> ) 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR            | Tier 4           | QLC (2 syringes/day)                    |
| FRAGMIN ( <i>dalteparin sodium</i> ) 95000 UNIT/3.8ML SOLUTION   | Tier 4           | QLC (0.8 ml/day)                        |
| HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR  | Tier 1           |   |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>   | Tier 1           |   |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>  | Tier 1           |   |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i>  | Tier 1           |   |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>   | Tier 1           |   |
| HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION  | Tier 1           |   |
| <i>heparin sodium (porcine) pf inj 1000 unit/ml</i>  | Tier 1           |   |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>   | Tier 1           |   |
| LOVENOX ( <i>enoxaparin sodium</i> ) 30 MG/0.3ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR | Tier 4           | QLC (2 syringes/day)                    |
| LOVENOX ( <i>enoxaparin sodium</i> ) 300 MG/3ML SOLUTION   | Tier 4           | QLC (2 ml/day)                          |
| LOVENOX ( <i>enoxaparin sodium</i> ) 40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 100 MG/ML SOLN PRSYR                          | Tier 4           | QLC (2 syringes/day)                    |
| PRADAXA ( <i>dabigatran etexilate mesylate</i> ) 110 MG CAP  | Tier 3           | PA, QLC (2 caps/day)                    |
| PRADAXA ( <i>dabigatran etexilate mesylate</i> ) 20 MG PACKET, 150 MG PACKET   | Tier 3           | PA, QLC (2 packs/day)                   |
| PRADAXA ( <i>dabigatran etexilate mesylate</i> ) 30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET                           | Tier 3           | PA, QLC (4 packs/day)                   |
| PRADAXA ( <i>dabigatran etexilate mesylate</i> ) 75 MG CAP, 150 MG CAP   | Tier 3           | PA, QLC (2 caps/day)                    |

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|--|------------------|--|
| SAVAYSA ( <i>edoxaban tosylate</i> ) 15 MG TAB, 30 MG TAB, 60 MG TAB | Tier 3           | PA, QLC (1 tab/day)                      |
| <i>warfarin sodium tab 1 mg</i>                                      | Tier 1           |  |
| warfarin sodium tab 1 mg (Jantoven)                                  | Tier 1           |  |
| <i>warfarin sodium tab 10 mg</i>                                     | Tier 1           |  |
| warfarin sodium tab 10 mg (Jantoven)                                 | Tier 1           |  |
| <i>warfarin sodium tab 2 mg</i>                                      | Tier 1           |  |
| warfarin sodium tab 2 mg (Jantoven)                                  | Tier 1           |  |
| <i>warfarin sodium tab 2.5 mg</i>                                    | Tier 1           |  |
| warfarin sodium tab 2.5 mg (Jantoven)                                | Tier 1           |  |
| <i>warfarin sodium tab 3 mg</i>                                      | Tier 1           |  |
| warfarin sodium tab 3 mg (Jantoven)                                  | Tier 1           |  |
| <i>warfarin sodium tab 4 mg</i>                                      | Tier 1           |  |
| warfarin sodium tab 4 mg (Jantoven)                                  | Tier 1           |  |
| <i>warfarin sodium tab 5 mg</i>                                      | Tier 1           |  |
| warfarin sodium tab 5 mg (Jantoven)                                  | Tier 1           |  |
| <i>warfarin sodium tab 6 mg</i>                                      | Tier 1           |  |
| warfarin sodium tab 6 mg (Jantoven)                                  | Tier 1           |  |
| <i>warfarin sodium tab 7.5 mg</i>                                    | Tier 1           |  |
| warfarin sodium tab 7.5 mg (Jantoven)                                | Tier 1           |  |
| XARELTO ( <i>rivaroxaban</i> ) 1 MG/ML RECON SUSP                    | Tier 2           | QLC (20 ml/day)                          |
| XARELTO ( <i>rivaroxaban</i> ) 10 MG TAB, 15 MG TAB, 20 MG TAB       | Tier 2           | QLC (1 tab/day)                          |
| XARELTO ( <i>rivaroxaban</i> ) 2.5 MG TAB                            | Tier 2           | QLC (2 tabs/day)                         |
| XARELTO STARTER PACK ( <i>rivaroxaban</i> ) 15 & 20 MG TAB THPK      | Tier 2           | QLC (1 starter pack/6 months)            |
| ZONTIVITY ( <i>vorapaxar sulfat</i> e) 2.08 MG TAB                   | Tier 3           | QLC (1 tab/day)                          |
| <b>BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)</b>   |                  |  |
| AGRYLIN ( <i>anagrelide hcl</i> ) 0.5 MG CAP                         | Tier 3           |  |
| ALVAIZ ( <i>eltrombopag choline</i> ) 36 MG TAB, 54 MG TAB           | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day) |

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|---|------------------|--|
| ALVAIZ ( <i>eltrombopag choline</i> ) 9 MG TAB, 18 MG TAB   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                                |
| <i>anagrelide hcl cap 0.5 mg</i>  | Tier 1           |  |
| <i>anagrelide hcl cap 1 mg</i>  | Tier 1           |  |
| ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> ) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe or vial/week)                   |
| EPOGEN ( <i>epoetin alfa</i> ) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION  | Tier 4           | PA, S (Specialty Drug)   |
| FABHALTA ( <i>iptacopan hcl</i> ) 200 MG CAP  | Tier 4           | PA, LA, QLC (2 caps/day)   |
| FULPHILA ( <i>pegfilgrastim-jmdb</i> ) 6 MG/0.6ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug)   |
| FYLNETRA ( <i>pegfilgrastim-pbbk</i> ) 6 MG/0.6ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug)   |
| GRANIX ( <i>tbo-filgrastim</i> ) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION  | Tier 4           | PA, S (Specialty Drug)   |
| LEUKINE ( <i>sargramostim</i> ) 250 MCG RECON SOLN  | Tier 4           | PA, S (Specialty Drug)   |
| MOZOBIL ( <i>plerixafor</i> ) 24 MG/1.2ML SOLUTION  | Tier 4           | PA, LA, S (Specialty Drug)   |
| MULPLETA ( <i>lusutrombopag</i> ) 3 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day, not to exceed 7 tabs/120 days) |
| NEULASTA ( <i>pegfilgrastim</i> ) 6 MG/0.6ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug)   |
| NEUPOGEN ( <i>filgrastim</i> ) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION  | Tier 4           | PA, S (Specialty Drug)   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|---|------------------|---|
| NIVESTYM ( <i>filgrastim-aafi</i> ) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION   | Tier 4           | PA, S (Specialty Drug)                          |
| NYPOZI ( <i>filgrastim-txia</i> ) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug)                          |
| NYVEPRIA ( <i>pegfilgrastim-apgf</i> ) 6 MG/0.6ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug)                          |
| <i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>   | Tier 4           | PA, S (Specialty Drug)                          |
| PROCRIT ( <i>epoetin alfa</i> ) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION       | Tier 4           | PA, S (Specialty Drug)                          |
| PROMACTA ( <i>eltrombopag olamine</i> ) 12.5 MG PACKET  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 packet/day)  |
| PROMACTA ( <i>eltrombopag olamine</i> ) 12.5 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)     |
| PROMACTA ( <i>eltrombopag olamine</i> ) 25 MG PACKET  | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 packets/day) |
| PROMACTA ( <i>eltrombopag olamine</i> ) 25 MG TAB, 50 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day)    |
| PROMACTA ( <i>eltrombopag olamine</i> ) 75 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)    |
| PYRUKYND TAPER PACK ( <i>mitapivat sulfate</i> ) 5 MG TAB THPK  | Tier 4           | PA, LA, QLC (7 tabs/28 days)                    |
| PYRUKYND TAPER PACK ( <i>mitapivat sulfate</i> ) PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK  | Tier 4           | PA, LA, QLC (14 tabs/28 days)                   |
| RELEUKO ( <i>filgrastim-ayow</i> ) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION  | Tier 4           | PA, LA, S (Specialty Drug)                      |
| RETACRIT ( <i>epoetin alfa-epbx</i> ) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION | Tier 4           | PA, S (Specialty Drug)                          |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| ROLVEDON ( <i>eflapegrastim-xnst</i> ) 13.2 MG/0.6ML SOLN PRSYR                      | Tier 4           | PA, LA, S (Specialty Drug)              |
| STIMUFEND ( <i>pegfilgrastim-fpgk</i> ) 6 MG/0.6ML SOLN PRSYR                        | Tier 4           | PA, S (Specialty Drug)                  |
| UDENYCA ( <i>pegfilgrastim-cbqv</i> ) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug)                  |
| ZARXIO ( <i>filgrastim-sndz</i> ) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR | Tier 4           | PA, S (Specialty Drug)                  |
| ZIEXTENZO ( <i>pegfilgrastim-bmez</i> ) 6 MG/0.6ML SOLN PRSYR                        | Tier 4           | PA, LA                                  |

### **HEMOSTASIS AGENTS (Drugs to Stop Bleeding)**

|   |        |   |
|---|--------|---|
| <i>aminocaproic acid oral soln 0.25 gm/ml</i> | Tier 1 |   |
| <i>aminocaproic acid tab 1000 mg</i>          | Tier 1 |   |
| <i>aminocaproic acid tab 500 mg</i>           | Tier 1 |   |
| LYSTEDA ( <i>tranexamic acid</i> ) 650 MG TAB | Tier 3 | QLC (6 tabs/day; max 5 days of therapy/28 days) |
| MEPHYTON ( <i>phytonadione</i> ) 5 MG TAB     | Tier 3 | QLC (5 tabs/week)                               |
| <i>phytonadione tab 5 mg</i>                  | Tier 1 | QLC (5 tabs/week)                               |
| <i>tranexamic acid tab 650 mg</i>             | Tier 1 | QLC (6 tabs/day; max 5 days of therapy/28 days) |

### **PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)**

|   |        |                         |
|---|--------|-------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER) | Tier 1 |                         |
| BRILINTA ( <i>ticagrelor</i> ) 60 MG TAB, 90 MG TAB                         | Tier 2 | QLC (2 tabs/day)        |
| CABLIVI ( <i>caplacizumab-yhdp</i> ) 11 MG KIT                              | Tier 4 | PA, LA, QLC (1 kit/day) |
| <i>cilostazol tab 100 mg</i>  | Tier 1 |                         |
| <i>cilostazol tab 50 mg</i>   | Tier 1 |                         |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>                         | Tier 1 | QLC (1 tab/day)         |
| <i>dipyridamole tab 25 mg</i>   | Tier 1 |                         |
| <i>dipyridamole tab 50 mg</i>   | Tier 1 |                         |
| <i>dipyridamole tab 75 mg</i>   | Tier 1 |                         |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| PRESCRIPTION DRUG NAME  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS             |
|---|-----------|--|
| DOPTELET ( <i>avatrombopag maleate</i> ) 20 MG TAB                | Tier 4    | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| EFFIENT ( <i>prasugrel hcl</i> ) 5 MG TAB, 10 MG TAB              | Tier 3    | QLC (1 tab/day)                              |
| PLAVIX ( <i>clopidogrel bisulfate</i> ) 75 MG TAB                 | Tier 3    | QLC (1 tab/day)                              |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>                       | Tier 1    | QLC (1 tab/day)                              |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>                        | Tier 1    | QLC (1 tab/day)                              |
| TAVALISSE ( <i>fostamatinib disodium</i> ) 100 MG TAB, 150 MG TAB | Tier 4    | PA, LA, QLC (2 tabs/day)                     |

## CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

### ALPHA-ADRENERGIC AGONISTS

|   |        |   |
|---|--------|---|
| CATAPRES-TTS-1 ( <i>clonidine</i> ) -- 0.MG/24HR PATCH WK | Tier 3 |   |
| CATAPRES-TTS-2 ( <i>clonidine</i> ) -- 0.MG/4HR PATCH WK  | Tier 3 |   |
| CATAPRES-TTS-3 ( <i>clonidine</i> ) -- 0.MG/24HR PATCH WK | Tier 3 |   |
| CLONIDINE ER 0.17 MG TAB 24H                              | Tier 3 | PA, QLC (3 tabs/day)                      |
| <i>clonidine hcl tab 0.1 mg</i>                           | Tier 1 |   |
| <i>clonidine hcl tab 0.2 mg</i>                           | Tier 1 |   |
| <i>clonidine hcl tab 0.3 mg</i>                           | Tier 1 |   |
| <i>clonidine td patch weekly 0.1 mg/24hr</i>              | Tier 1 |   |
| <i>clonidine td patch weekly 0.2 mg/24hr</i>              | Tier 1 |   |
| <i>clonidine td patch weekly 0.3 mg/24hr</i>              | Tier 1 |   |
| <i>droxidopa cap 100 mg</i>                               | Tier 4 | PA, S (Specialty Drug), QLC (18 caps/day) |
| <i>droxidopa cap 200 mg</i>                               | Tier 4 | PA, S (Specialty Drug), QLC (9 caps/day)  |
| <i>droxidopa cap 300 mg</i>                               | Tier 4 | PA, S (Specialty Drug), QLC (6 caps/day)  |
| <i>guanfacine hcl tab 1 mg</i>                            | Tier 1 |   |
| <i>guanfacine hcl tab 2 mg</i>                            | Tier 1 |   |
| METHYLDOPA 250 MG TAB, 500 MG TAB                         | Tier 1 |   |

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| PRESCRIPTION DRUG NAME                                  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS              |
|---|-----------|---|
| <i>methyldopa tab 250 mg</i>                            | Tier 1    |   |
| <i>methyldopa tab 500 mg</i>                            | Tier 1    |   |
| <i>midodrine hcl tab 10 mg</i>                          | Tier 1    |   |
| <i>midodrine hcl tab 2.5 mg</i>                         | Tier 1    |   |
| <i>midodrine hcl tab 5 mg</i>                           | Tier 1    |   |
| NEXICLON XR ( <i>clonidine hcl</i> ) 0.17 MG TAB ER 24H | Tier 3    | PA, QLC (3 tabs/day)                          |
| NORTHERA ( <i>droxidopa</i> ) 100 MG CAP                | Tier 4    | PA, LA, S (Specialty Drug), QLC (18 caps/day) |
| NORTHERA ( <i>droxidopa</i> ) 200 MG CAP                | Tier 4    | PA, LA, S (Specialty Drug), QLC (9 caps/day)  |
| NORTHERA ( <i>droxidopa</i> ) 300 MG CAP                | Tier 4    | PA, LA, S (Specialty Drug), QLC (6 caps/day)  |

### ALPHA-ADRENERGIC BLOCKING AGENTS

|  |        |    |
|--|--------|----|
| CARDURA ( <i>doxazosin mesylate</i> ) 1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB | Tier 3 |    |
| DIBENZYLIN ( <i>phenoxybenzamine hcl</i> ) 10 MG CAP                         | Tier 4 | PA |
| <i>doxazosin mesylate tab 1 mg</i>   | Tier 1 |    |
| <i>doxazosin mesylate tab 2 mg</i>   | Tier 1 |    |
| <i>doxazosin mesylate tab 4 mg</i>   | Tier 1 |    |
| <i>doxazosin mesylate tab 8 mg</i>   | Tier 1 |    |
| MINIPRESS ( <i>prazosin hcl</i> ) 1 MG CAP, 2 MG CAP, 5 MG CAP               | Tier 3 |    |
| <i>phenoxybenzamine hcl cap 10 mg</i>  | Tier 4 | PA |
| <i>prazosin hcl cap 1 mg</i>   | Tier 1 |    |
| <i>prazosin hcl cap 2 mg</i>   | Tier 1 |    |
| <i>prazosin hcl cap 5 mg</i>   | Tier 1 |    |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>                              | Tier 1 |    |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>                             | Tier 1 |    |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>                              | Tier 1 |    |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>                              | Tier 1 |    |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

|  |        |                      |
|--|--------|----------------------|
| ATACAND ( <i>candesartan cilexetil</i> ) 16 MG TAB             | Tier 3 | ST, QLC (2 tabs/day) |
| ATACAND ( <i>candesartan cilexetil</i> ) 32 MG TAB             | Tier 3 | ST, QLC (1 tab/day)  |
| ATACAND ( <i>candesartan cilexetil</i> ) 4 MG TAB              | Tier 3 | ST, QLC (8 tabs/day) |
| ATACAND ( <i>candesartan cilexetil</i> ) 8 MG TAB              | Tier 3 | ST, QLC (4 tabs/day) |
| AVAPRO ( <i>irbesartan</i> ) 75 MG TAB, 150 MG TAB, 300 MG TAB | Tier 3 | QLC (1 tab/day)      |
| BENICAR ( <i>olmesartan medoxomil</i> ) 20 MG TAB, 40 MG TAB   | Tier 3 | QLC (1 tab/day)      |
| BENICAR ( <i>olmesartan medoxomil</i> ) 5 MG TAB               | Tier 3 | QLC (3 tabs/day)     |
| <i>candesartan cilexetil tab 16 mg</i>                         | Tier 1 | ST, QLC (2 tabs/day) |
| <i>candesartan cilexetil tab 32 mg</i>                         | Tier 1 | ST, QLC (1 tab/day)  |
| <i>candesartan cilexetil tab 4 mg</i>                          | Tier 1 | ST, QLC (8 tabs/day) |
| <i>candesartan cilexetil tab 8 mg</i>                          | Tier 1 | ST, QLC (4 tabs/day) |
| COZAAR ( <i>losartan potassium</i> ) 100 MG TAB                | Tier 3 | QLC (1 tab/day)      |
| COZAAR ( <i>losartan potassium</i> ) 25 MG TAB                 | Tier 3 | QLC (4 tabs/day)     |
| COZAAR ( <i>losartan potassium</i> ) 50 MG TAB                 | Tier 3 | QLC (2 tabs/day)     |
| DIOVAN ( <i>valsartan</i> ) 320 MG TAB                         | Tier 3 | QLC (1 tab/day)      |
| DIOVAN ( <i>valsartan</i> ) 40 MG TAB, 80 MG TAB, 160 MG TAB   | Tier 3 | QLC (2 tabs/day)     |
| EDARBI ( <i>azilsartan medoxomil</i> ) 40 MG TAB, 80 MG TAB    | Tier 3 | ST, QLC (1 tab/day)  |
| <i>irbesartan tab 150 mg</i>                                   | Tier 1 | QLC (1 tab/day)      |
| <i>irbesartan tab 300 mg</i>                                   | Tier 1 | QLC (1 tab/day)      |
| <i>irbesartan tab 75 mg</i>                                    | Tier 1 | QLC (1 tab/day)      |
| <i>losartan potassium tab 100 mg</i>                           | Tier 1 | QLC (1 tab/day)      |
| <i>losartan potassium tab 25 mg</i>                            | Tier 1 | QLC (4 tabs/day)     |
| <i>losartan potassium tab 50 mg</i>                            | Tier 1 | QLC (2 tabs/day)     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                        | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| MICARDIS ( <i>telmisartan</i> ) 20 MG TAB, 40 MG TAB | Tier 3           | QLC (1 tab/day)                         |
| MICARDIS ( <i>telmisartan</i> ) 80 MG TAB            | Tier 3           | QLC (2 tabs/day)                        |
| <i>olmesartan medoxomil tab 20 mg</i>                | Tier 1           | QLC (1 tab/day)                         |
| <i>olmesartan medoxomil tab 40 mg</i>                | Tier 1           | QLC (1 tab/day)                         |
| <i>olmesartan medoxomil tab 5 mg</i>                 | Tier 1           | QLC (3 tabs/day)                        |
| <i>telmisartan tab 20 mg</i>                         | Tier 1           | QLC (1 tab/day)                         |
| <i>telmisartan tab 40 mg</i>                         | Tier 1           | QLC (1 tab/day)                         |
| <i>telmisartan tab 80 mg</i>                         | Tier 1           | QLC (2 tabs/day)                        |
| VALSARTAN 4 MG/ML SOLUTION                           | Tier 1           | PA, QLC (80 ml/day)                     |
| <i>valsartan tab 160 mg</i>                          | Tier 1           | QLC (2 tabs/day)                        |
| <i>valsartan tab 320 mg</i>                          | Tier 1           | QLC (1 tab/day)                         |
| <i>valsartan tab 40 mg</i>                           | Tier 1           | QLC (2 tabs/day)                        |
| <i>valsartan tab 80 mg</i>                           | Tier 1           | QLC (2 tabs/day)                        |

### **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS**

|   |        |                  |
|---|--------|------------------|
| ACCUPRIL ( <i>quinapril hcl</i> ) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB | Tier 3 |                  |
| ALTACE ( <i>ramipril</i> ) 1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP     | Tier 3 |                  |
| <i>benazepril hcl tab 10 mg</i>   | Tier 1 | QLC (1 tab/day)  |
| <i>benazepril hcl tab 20 mg</i>   | Tier 1 | QLC (1 tab/day)  |
| <i>benazepril hcl tab 40 mg</i>   | Tier 1 | QLC (2 tabs/day) |
| <i>benazepril hcl tab 5 mg</i>  | Tier 1 | QLC (1 tab/day)  |
| <i>captopril tab 100 mg</i>   | Tier 1 |                  |
| <i>captopril tab 12.5 mg</i>  | Tier 1 |                  |
| <i>captopril tab 25 mg</i>  | Tier 1 |                  |
| <i>captopril tab 50 mg</i>  | Tier 1 |                  |
| <i>enalapril maleate oral soln 1 mg/ml</i>                                  | Tier 1 | QLC (40 ml/day)  |
| <i>enalapril maleate tab 10 mg</i>  | Tier 1 |                  |
| <i>enalapril maleate tab 2.5 mg</i>   | Tier 1 |                  |
| <i>enalapril maleate tab 20 mg</i>  | Tier 1 |                  |
| <i>enalapril maleate tab 5 mg</i>   | Tier 1 |                  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                        | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| EPANED ( <i>enalapril maleate</i> ) 1 MG/ML SOLUTION | Tier 3           | QLC (40 ml/day)                         |
| <i>fosinopril sodium tab 10 mg</i>                   | Tier 1           | QLC (1 tab/day)                         |
| <i>fosinopril sodium tab 20 mg</i>                   | Tier 1           | QLC (1 tab/day)                         |
| <i>fosinopril sodium tab 40 mg</i>                   | Tier 1           | QLC (2 tabs/day)                        |
| <i>lisinopril tab 10 mg</i>                          | Tier 1           |   |
| <i>lisinopril tab 2.5 mg</i>                         | Tier 1           |   |
| <i>lisinopril tab 20 mg</i>                          | Tier 1           |   |
| <i>lisinopril tab 30 mg</i>                          | Tier 1           |   |
| <i>lisinopril tab 40 mg</i>                          | Tier 1           |   |
| <i>lisinopril tab 5 mg</i>                           | Tier 1           |   |
| LOTENSIN ( <i>benazepril hcl</i> ) 10 MG TAB         | Tier 3           | QLC (1 tab/day)                         |
| LOTENSIN ( <i>benazepril hcl</i> ) 20 MG TAB         | Tier 3           | QLC (1 tab/day)                         |
| LOTENSIN ( <i>benazepril hcl</i> ) 40 MG TAB         | Tier 3           | QLC (2 tabs/day)                        |
| <i>moexipril hcl tab 15 mg</i>                       | Tier 1           |   |
| <i>moexipril hcl tab 7.5 mg</i>                      | Tier 1           |   |
| PERINDOPRIL ERBUMINE 2 MG TAB                        | Tier 1           | QLC (1 tab/day)                         |
| PERINDOPRIL ERBUMINE 8 MG TAB                        | Tier 1           | QLC (2 tabs/day)                        |
| <i>perindopril erbumine tab 2 mg</i>                 | Tier 1           | QLC (1 tab/day)                         |
| <i>perindopril erbumine tab 4 mg</i>                 | Tier 1           | QLC (1 tab/day)                         |
| <i>perindopril erbumine tab 8 mg</i>                 | Tier 1           | QLC (2 tabs/day)                        |
| PRINIVIL ( <i>lisinopril</i> ) 20 MG TAB             | Tier 3           |   |
| QBRELIS ( <i>lisinopril</i> ) 1 MG/ML SOLUTION       | Tier 3           | PA, QLC (80 ml/day)                     |
| <i>quinapril hcl tab 10 mg</i>                       | Tier 1           |   |
| <i>quinapril hcl tab 20 mg</i>                       | Tier 1           |   |
| <i>quinapril hcl tab 40 mg</i>                       | Tier 1           |   |
| <i>quinapril hcl tab 5 mg</i>                        | Tier 1           |   |
| <i>ramipril cap 1.25 mg</i>                          | Tier 1           |   |
| <i>ramipril cap 10 mg</i>                            | Tier 1           |   |
| <i>ramipril cap 2.5 mg</i>                           | Tier 1           |   |
| <i>ramipril cap 5 mg</i>                             | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>trandolapril tab 1 mg</i>   | Tier 1           |   |
| <i>trandolapril tab 2 mg</i>   | Tier 1           |   |
| <i>trandolapril tab 4 mg</i>   | Tier 1           |   |
| VASOTEC ( <i>enalapril maleate</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB                | Tier 3           |   |
| ZESTRIL ( <i>lisinopril</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB | Tier 3           |   |

### **ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)**

|   |        |                 |
|---|--------|-----------------|
| <i>amiodarone hcl tab 100 mg</i>  | Tier 1 |                 |
| amiodarone hcl tab 100 mg (Pacerone)  | Tier 3 |                 |
| <i>amiodarone hcl tab 200 mg</i>  | Tier 1 |                 |
| amiodarone hcl tab 200 mg (Pacerone)  | Tier 1 |                 |
| <i>amiodarone hcl tab 400 mg</i>  | Tier 1 |                 |
| amiodarone hcl tab 400 mg (Pacerone)  | Tier 3 |                 |
| BETAPACE ( <i>sotalol hcl</i> ) 80 MG TAB, 120 MG TAB, 160 MG TAB               | Tier 3 |                 |
| BETAPACE AF ( <i>sotalol hcl (afib/afl)</i> ) 80 MG TAB, 120 MG TAB, 160 MG TAB | Tier 3 |                 |
| DIGOXIN 0.05 MG/ML SOLUTION   | Tier 1 | QLC (5 ml/day)  |
| <i>digoxin oral soln 0.05 mg/ml</i>   | Tier 1 | QLC (5 ml/day)  |
| <i>digoxin tab 125 mcg (0.125 mg) (0.</i>                                       | Tier 1 | QLC (1 tab/day) |
| digoxin tab 125 mcg (0.125 mg) (Digitek) (0.                                    | Tier 1 | QLC (1 tab/day) |
| <i>digoxin tab 250 mcg (0.25 mg)</i>  | Tier 1 | QLC (1 tab/day) |
| digoxin tab 250 mcg (0.25 mg) (Digitek)   | Tier 1 | QLC (1 tab/day) |
| <i>digoxin tab 62.5 mcg (0.0625 mg)</i>   | Tier 1 | QLC (1 tab/day) |
| <i>disopyramide phosphate cap 100 mg</i>  | Tier 1 |                 |
| <i>disopyramide phosphate cap 150 mg</i>  | Tier 1 |                 |
| <i>dofetilide cap 125 mcg (0.125 mg) (0.</i>                                    | Tier 1 |                 |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>   | Tier 1 |                 |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>  | Tier 1 |                 |
| <i>flecainide acetate tab 100 mg</i>  | Tier 1 |                 |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>flecainide acetate tab 150 mg</i>  | Tier 1           |   |
| <i>flecainide acetate tab 50 mg</i>   | Tier 1           |   |
| LANOXIN ( <i>digoxin</i> ) 62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB                             | Tier 3           | QLC (1 tab/day)                         |
| <i>mexiletine hcl cap 150 mg</i>  | Tier 1           |   |
| <i>mexiletine hcl cap 200 mg</i>  | Tier 1           |   |
| <i>mexiletine hcl cap 250 mg</i>  | Tier 1           |   |
| MULTAQ ( <i>dronedarone hcl</i> ) 400 MG TAB  | Tier 2           | QLC (2 tabs/day)                        |
| NORPACE ( <i>disopyramide phosphate</i> ) 100 MG CAP, 150 MG CAP                              | Tier 3           |   |
| NORPACE CR ( <i>disopyramide phosphate</i> ) 100 MG CAP ER 12H                                | Tier 2           | QLC (8 caps/day)                        |
| NORPACE CR ( <i>disopyramide phosphate</i> ) 150 MG CAP ER 12H                                | Tier 2           | QLC (5 caps/day)                        |
| <i>propafenone hcl cap er 12hr 225 mg</i><br>(PROPAFENONE HCL ER)                             | Tier 1           |   |
| <i>propafenone hcl cap er 12hr 325 mg</i><br>(PROPAFENONE HCL ER)                             | Tier 1           |   |
| <i>propafenone hcl cap er 12hr 425 mg</i><br>(PROPAFENONE HCL ER)                             | Tier 1           |   |
| <i>propafenone hcl tab 150 mg</i>   | Tier 1           |   |
| <i>propafenone hcl tab 225 mg</i>   | Tier 1           |   |
| <i>propafenone hcl tab 300 mg</i>   | Tier 1           |   |
| <i>quinidine gluconate tab er 324 mg</i><br>(QUINIDINE GLUCONATE ER)                          | Tier 1           |   |
| QUINIDINE SULFATE 200 MG TAB, 300 MG TAB  | Tier 1           |   |
| <i>quinidine sulfate tab 200 mg</i>   | Tier 1           |   |
| <i>quinidine sulfate tab 300 mg</i>   | Tier 1           |   |
| RYTHMOL SR ( <i>propafenone hcl</i> ) 225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H | Tier 3           |   |
| sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))   | Tier 1           |   |
| sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))   | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))                      | Tier 1           |   |
| <i>sotalol hcl tab 120 mg</i>   | Tier 1           |   |
| sotalol hcl tab 120 mg (Sorine)   | Tier 1           |   |
| <i>sotalol hcl tab 160 mg</i>   | Tier 1           |   |
| sotalol hcl tab 160 mg (Sorine)   | Tier 1           |   |
| <i>sotalol hcl tab 240 mg</i>   | Tier 1           |   |
| sotalol hcl tab 240 mg (Sorine)   | Tier 1           |   |
| <i>sotalol hcl tab 80 mg</i>  | Tier 1           |   |
| sotalol hcl tab 80 mg (Sorine)  | Tier 1           |   |
| SOTYLIZE ( <i>sotalol hcl</i> ) 5 MG/ML SOLUTION                        | Tier 3           | PA, QLC (64 ml/day)                     |
| TIKOSYN ( <i>dofetilide</i> ) 125 MCG CAP, 250 MCG CAP, 500 MCG CAP     | Tier 3           |   |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                                  |                  |   |
| <i>acebutolol hcl cap 200 mg</i>  | Tier 1           |   |
| <i>acebutolol hcl cap 400 mg</i>  | Tier 1           |   |
| <i>atenolol tab 100 mg</i>  | Tier 1           |   |
| <i>atenolol tab 25 mg</i>   | Tier 1           |   |
| <i>atenolol tab 50 mg</i>   | Tier 1           |   |
| <i>betaxolol hcl tab 10 mg</i>  | Tier 1           |   |
| <i>betaxolol hcl tab 20 mg</i>  | Tier 1           |   |
| <i>bisoprolol fumarate tab 10 mg</i>                                    | Tier 1           |   |
| <i>bisoprolol fumarate tab 5 mg</i>                                     | Tier 1           |   |
| BYSTOLIC ( <i>nebivolol hcl</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB       | Tier 3           | QLC (1 tab/day)                         |
| BYSTOLIC ( <i>nebivolol hcl</i> ) 20 MG TAB                             | Tier 3           | QLC (2 tabs/day)                        |
| <i>carvedilol phosphate cap er 24hr 10 mg</i> (CARVEDILOL PHOSPHATE ER) | Tier 1           | ST                                      |
| <i>carvedilol phosphate cap er 24hr 20 mg</i> (CARVEDILOL PHOSPHATE ER) | Tier 1           | ST                                      |
| <i>carvedilol phosphate cap er 24hr 40 mg</i> (CARVEDILOL PHOSPHATE ER) | Tier 1           | ST                                      |
| <i>carvedilol phosphate cap er 24hr 80 mg</i> (CARVEDILOL PHOSPHATE ER) | Tier 1           | ST                                      |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>carvedilol tab 12.5 mg</i>   | Tier 1           |   |
| <i>carvedilol tab 25 mg</i>   | Tier 1           |   |
| <i>carvedilol tab 3.125 mg</i>  | Tier 1           |   |
| <i>carvedilol tab 6.25 mg</i>   | Tier 1           |   |
| COREG ( <i>carvedilol</i> ) 3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB   | Tier 3           |   |
| COREG CR ( <i>carvedilol phosphate</i> ) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H             | Tier 3           | ST                                      |
| CORGARD ( <i>nadolol</i> ) 20 MG TAB, 40 MG TAB, 80 MG TAB  | Tier 3           |   |
| HEMANGEOL ( <i>propranolol hcl</i> ) 4.28 MG/ML SOLUTION  | Tier 3           | PA, LA, QLC (2 bottles/month)           |
| INDERAL LA ( <i>propranolol hcl</i> ) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H              | Tier 3           |   |
| INDERAL XL ( <i>propranolol hcl sustained-release beads</i> ) 80 MG CAP ER 24H, 120 MG CAP ER 24H                           | Tier 3           | PA                                      |
| INNOPRAN XL ( <i>propranolol hcl sustained-release beads</i> ) 80 MG CAP ER 24H, 120 MG CAP ER 24H                          | Tier 3           | PA                                      |
| KAPSPARGO SPRINKLE ( <i>metoprolol succinate</i> ) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK | Tier 3           | QLC (1 cap/day)                         |
| LABETALOL HCL 400 MG TAB  | Tier 1           | QLC (6 tabs/day)                        |
| <i>labetalol hcl tab 100 mg</i>   | Tier 1           |   |
| <i>labetalol hcl tab 200 mg</i>   | Tier 1           |   |
| <i>labetalol hcl tab 300 mg</i>   | Tier 1           |   |
| LOPRESSOR ( <i>metoprolol tartrate</i> ) 50 MG TAB, 100 MG TAB  | Tier 3           |   |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)                                   | Tier 1           |   |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)                                   | Tier 1           |   |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)                                    | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER) | Tier 1           |   |
| <i>metoprolol tartrate tab 100 mg</i>  | Tier 1           |   |
| <i>metoprolol tartrate tab 25 mg</i>   | Tier 1           |   |
| <i>metoprolol tartrate tab 37.5 mg</i>   | Tier 1           |   |
| <i>metoprolol tartrate tab 50 mg</i>   | Tier 1           |   |
| <i>metoprolol tartrate tab 75 mg</i>   | Tier 1           |   |
| <i>nadolol tab 20 mg</i>   | Tier 1           |   |
| <i>nadolol tab 40 mg</i>   | Tier 1           |   |
| <i>nadolol tab 80 mg</i>   | Tier 1           |   |
| <i>nebivolol hcl tab 10 mg (base equivalent)</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>pindolol tab 10 mg</i>  | Tier 1           |   |
| <i>pindolol tab 5 mg</i>   | Tier 1           |   |
| PROPRANOLOL HCL 20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION                                   | Tier 1           |   |
| <i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)                           | Tier 1           |   |
| <i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)                           | Tier 1           |   |
| <i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)                            | Tier 1           |   |
| <i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)                            | Tier 1           |   |
| <i>propranolol hcl tab 10 mg</i>   | Tier 1           |   |
| <i>propranolol hcl tab 20 mg</i>   | Tier 1           |   |
| <i>propranolol hcl tab 40 mg</i>   | Tier 1           |   |
| <i>propranolol hcl tab 60 mg</i>   | Tier 1           |   |
| <i>propranolol hcl tab 80 mg</i>   | Tier 1           |   |
| TENORMIN ( <i>atenolol</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB                            | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>timolol maleate tab 10 mg</i>   | Tier 1           |   |
| <i>timolol maleate tab 20 mg</i>   | Tier 1           |   |
| <i>timolol maleate tab 5 mg</i>  | Tier 1           |   |
| TOPROL XL ( <i>metoprolol succinate</i> ) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H | Tier 3           |   |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>   |                  |   |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>   | Tier 1           |   |
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i>  | Tier 1           |   |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>  | Tier 1           |   |
| CONJUPRI ( <i>levamlodipine maleate</i> ) 2.5 MG TAB, 5 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| <i>felodipine tab er 24hr 10 mg</i><br>(FELODIPINE ER)   | Tier 1           |   |
| <i>felodipine tab er 24hr 2.5 mg</i><br>(FELODIPINE ER)  | Tier 1           |   |
| <i>felodipine tab er 24hr 5 mg</i><br>(FELODIPINE ER)  | Tier 1           |   |
| <i>isradipine cap 2.5 mg</i>   | Tier 1           |   |
| <i>isradipine cap 5 mg</i>   | Tier 1           |   |
| KATERZIA ( <i>amlodipine benzoate</i> ) 1 MG/ML SUSPENSION   | Tier 3           | PA, QLC (10 ml/day)                     |
| LEVAMLODIPINE MALEATE 2.5 MG TAB, 5 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| <i>nicardipine hcl cap 20 mg</i>   | Tier 1           |   |
| <i>nicardipine hcl cap 30 mg</i>   | Tier 1           |   |
| <i>nifedipine cap 10 mg</i>  | Tier 1           |   |
| <i>nifedipine cap 20 mg</i>  | Tier 1           |   |
| <i>nifedipine tab er 24hr 30 mg</i><br>(NIFEDIPINE ER)   | Tier 1           |   |
| <i>nifedipine tab er 24hr 60 mg</i><br>(NIFEDIPINE ER)   | Tier 1           |   |
| <i>nifedipine tab er 24hr 90 mg</i><br>(NIFEDIPINE ER)   | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)                 | Tier 1           |   |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)                 | Tier 1           |   |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)                 | Tier 1           |   |
| NIMODIPINE 60 MG/20ML SOLUTION  | Tier 1           | PA, QLC (120 ml/day)                    |
| <i>nimodipine cap 30 mg</i>   | Tier 1           |   |
| NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H | Tier 1           |   |
| <i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)   | Tier 1           |   |
| <i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)   | Tier 1           |   |
| <i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)  | Tier 1           |   |
| NORLIQVA ( <i>amlodipine besylate</i> ) 1 MG/ML SOLUTION  | Tier 3           | PA, QLC (10 ml/day)                     |
| NORVASC ( <i>amlodipine besylate</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB                              | Tier 3           |   |
| NYMALIZE ( <i>nimodipine</i> ) 6 MG/ML SOLUTION   | Tier 3           | PA, QLC (60 ml/day)                     |
| PROCARDIA ( <i>nifedipine</i> ) 10 MG CAP   | Tier 3           |   |
| PROCARDIA XL ( <i>nifedipine</i> ) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H             | Tier 3           |   |
| SULAR ( <i>nisoldipine</i> ) 8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H                  | Tier 3           |   |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>   |                  |   |
| CALAN SR ( <i>verapamil hcl</i> ) 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER                       | Tier 3           |   |
| CARDIZEM ( <i>diltiazem hcl</i> ) 30 MG TAB, 60 MG TAB, 120 MG TAB                                  | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| CARDIZEM CD ( <i>diltiazem hcl coated beads</i> ) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H       | Tier 3           |   |
| CARDIZEM LA ( <i>diltiazem hcl</i> ) 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H | Tier 3           |   |
| <i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| <i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)   | Tier 1           |   |
| <i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)   | Tier 1           |   |
| diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)  | Tier 1           |   |
| <i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)  | Tier 1           |   |
| <i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)  | Tier 1           |   |
| <i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)   | Tier 1           |   |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)  | Tier 1           |   |
| diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)   | Tier 1           |   |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)  | Tier 1           |   |
| diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)   | Tier 1           |   |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)  | Tier 1           |   |
| diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)   | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)    | Tier 1           |   |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)    | Tier 1           |   |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS) | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)                     | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)                    | Tier 1           |   |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS) | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)                     | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)                    | Tier 1           |   |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS) | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)                     | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)                    | Tier 1           |   |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS) | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)                     | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)                    | Tier 1           |   |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS) | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)                     | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)                    | Tier 1           |   |

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|---|------------------|---|
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)   | Tier 1           |   |
| diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)  | Tier 1           |   |
| <i>diltiazem hcl tab 120 mg</i>   | Tier 1           |   |
| <i>diltiazem hcl tab 30 mg</i>  | Tier 1           |   |
| <i>diltiazem hcl tab 60 mg</i>  | Tier 1           |   |
| <i>diltiazem hcl tab 90 mg</i>  | Tier 1           |   |
| <i>diltiazem hcl tab er 24hr 120 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| <i>diltiazem hcl tab er 24hr 180 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl tab er 24hr 180 mg (Matzim La)  | Tier 1           |   |
| <i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl tab er 24hr 240 mg (Matzim La)  | Tier 1           |   |
| <i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl tab er 24hr 300 mg (Matzim La)  | Tier 1           |   |
| <i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl tab er 24hr 360 mg (Matzim La)  | Tier 1           |   |
| <i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)  | Tier 1           |   |
| diltiazem hcl tab er 24hr 420 mg (Matzim La)  | Tier 1           |   |
| TIAZAC ( <i>diltiazem hcl extended release beads</i> ) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H | Tier 3           |   |
| <i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)  | Tier 1           |   |
| <i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)  | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>verapamil hcl cap er 24hr 240 mg</i><br>(VERAPAMIL HCL ER)   | Tier 1           |   |
| VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H     | Tier 1           |   |
| <i>verapamil hcl tab 120 mg</i>   | Tier 1           |   |
| <i>verapamil hcl tab 40 mg</i>  | Tier 1           |   |
| <i>verapamil hcl tab 80 mg</i>  | Tier 1           |   |
| <i>verapamil hcl tab er 120 mg</i><br>(VERAPAMIL HCL ER)  | Tier 1           |   |
| <i>verapamil hcl tab er 180 mg</i><br>(VERAPAMIL HCL ER)  | Tier 1           |   |
| <i>verapamil hcl tab er 240 mg</i><br>(VERAPAMIL HCL ER)  | Tier 1           |   |
| VERELAN ( <i>verapamil hcl</i> ) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H | Tier 3           |   |
| VERELAN PM ( <i>verapamil hcl</i> ) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H                 | Tier 3           |   |

### **CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)**

|   |        |                     |
|---|--------|---------------------|
| ACCURETIC ( <i>quinapril-hydrochlorothiazide</i> ) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB | Tier 3 |                     |
| <i>acetazolamide tab 125 mg</i>   | Tier 1 |                     |
| <i>acetazolamide tab 250 mg</i>   | Tier 1 |                     |
| ALDACTAZIDE ( <i>spironolactone &amp; hydrochlorothiazide</i> ) 25-25 MG TAB, 50-50 MG TAB      | Tier 3 |                     |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i>  | Tier 1 | ST, QLC (1 tab/day) |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i>  | Tier 1 | ST, QLC (1 tab/day) |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)          | Tier 1 |                     |
| AMILORIDE-HYDROCHLOROTHIAZIDE ( <i>amiloride &amp; hydrochlorothiazide</i> ) -5-50 MG TAB       | Tier 1 |                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE-ATORVASTATIN)   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE-ATORVASTATIN)   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE-ATORVASTATIN)   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE-ATORVASTATIN)   | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE-ATORVASTATIN)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE-ATORVASTATIN)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE-ATORVASTATIN)  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (AMLODIPINE-ATORVASTATIN)    | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (AMLODIPINE-ATORVASTATIN)    | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (AMLODIPINE-ATORVASTATIN)    | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (AMLODIPINE-ATORVASTATIN)    | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)  | Tier 1           | QLC (1 cap/day)                         |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)  | Tier 1           | QLC (1 cap/day)                         |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL) | Tier 1           |   |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)   | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)         | Tier 1           |   |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)         | Tier 1           | QLC (2 caps/day)                        |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (AMLODIPINE-OLMESARTAN)           | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (AMLODIPINE-OLMESARTAN)           | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (AMLODIPINE-OLMESARTAN)            | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (AMLODIPINE-OLMESARTAN)            | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ) | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)   | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)   | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)  | Tier 1           | QLC (1 tab/day)                         |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)    | Tier 1           | QLC (1 tab/day)                         |
| ASPRUZYO SPRINKLE ( <i>ranolazine</i> ) 500 MG PACKET, 1000 MG PACKET                          | Tier 3           | PA, QLC (2 packets/day)                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> ) 16-12.5 MG TAB                               | Tier 3           | ST, QLC (2 tabs/day)                    |
| ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> ) 32-12.5 MG TAB, 32-25 MG TAB                 | Tier 3           | ST, QLC (1 tab/day)                     |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)                                  | Tier 1           |   |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)                                   | Tier 1           |   |
| ATTRUBY ( <i>acoramidis hcl</i> ) 356 MG TAB THPK   | Tier 4           | PA, LA, QLC (4 tabs/day)                |
| AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> ) 150-12.5 MG TAB   | Tier 3           | QLC (2 tabs/day)                        |
| AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> ) 300-12.5 MG TAB   | Tier 3           | QLC (1 tab/day)                         |
| AZOR ( <i>amlodipine besylate-olmesartan medoxomil</i> ) 5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB | Tier 3           | QLC (1 tab/day)                         |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)                   | Tier 1           |   |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)                   | Tier 1           |   |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)                     | Tier 1           |   |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)                    | Tier 1           |   |
| BENICAR HCT ( <i>olmesartan medoxomil-hydrochlorothiazide</i> ) 20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> ) 20-37.5 MG TAB  | Tier 3           | QLC (6 tabs/day)                        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)                   | Tier 1           |   |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)                  | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)  | Tier 1           |   |
| CADUET ( <i>amlodipine besylate-atorvastatin calcium</i> ) 5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB | Tier 3           | PA, QLC (1 tab/day)                     |
| CAMZYOS ( <i>mavacamten</i> ) 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP  | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)  | Tier 1           | ST, QLC (2 tabs/day)                    |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)  | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)  | Tier 1           | ST, QLC (1 tab/day)                     |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE ( <i>captopril &amp; hydrochlorothiazide</i> ) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB                               | Tier 1           |   |
| CORLANOR ( <i>ivabradine hcl</i> ) 5 MG TAB, 7.5 MG TAB   | Tier 3           | PA, QLC (2 tabs/day)                    |
| CORLANOR ( <i>ivabradine hcl</i> ) 5 MG/5ML SOLUTION  | Tier 3           | PA, QLC (20 ml/day)                     |
| DEMSEER ( <i>metirosine</i> ) 250 MG CAP  | Tier 3           | S (Specialty Drug), QLC (16 caps/day)   |
| DIOVAN HCT ( <i>valsartan-hydrochlorothiazide</i> ) 320-12.5 MG TAB, 320-25 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| DIOVAN HCT ( <i>valsartan-hydrochlorothiazide</i> ) 80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB  | Tier 3           | QLC (2 tabs/day)                        |
| DUTOPROL ( <i>metoprolol &amp; hydrochlorothiazide</i> ) 100-12.5 MG TAB ER 24H   | Tier 3           | PA, QLC (2 tabs/day)                    |
| DUTOPROL ( <i>metoprolol &amp; hydrochlorothiazide</i> ) 25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H   | Tier 3           | PA, QLC (1 tab/day)                     |
| EDARBYCLOR ( <i>azilsartan medoxomil-chlorthalidone</i> ) 40-12.5 MG TAB, 40-25 MG TAB  | Tier 3           | ST, QLC (1 tab/day)                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)  | Tier 1           |   |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)   | Tier 1           |   |
| ENTRESTO ( <i>sacubitril-valsartan</i> ) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB   | Tier 2           | QLC (2 tabs/day)                        |
| ENTRESTO ( <i>sacubitril-valsartan</i> ) 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK  | Tier 3           | PA, QLC (8 caps/day)                    |
| EXFORGE ( <i>amlodipine besylate-valsartan</i> ) 5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> ) 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB | Tier 3           | QLC (1 tab/day)                         |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)   | Tier 1           |   |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)   | Tier 1           |   |
| HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> ) 100-12.5 MG TAB, 100-25 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> ) 50-12.5 MG TAB  | Tier 3           | QLC (2 tabs/day)                        |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (ISOSORB DINITRATE-HYDRALAZINE)   | Tier 1           | QLC (6 tabs/day)                        |
| <i>ivabradine hcl tab 5 mg (base equiv)</i>  | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>ivabradine hcl tab 7.5 mg (base equiv)</i>  | Tier 1           | PA, QLC (2 tabs/day)                    |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)  | Tier 1           |   |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)  | Tier 1           |   |

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|---|------------------|---|
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)                     | Tier 1           |   |
| LODOCO ( <i>colchicine (cardiovascular)</i> ) 0.5 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)                 | Tier 1           | QLC (1 tab/day)                         |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)                   | Tier 1           | QLC (1 tab/day)                         |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)                  | Tier 1           | QLC (2 tabs/day)                        |
| LOTENSIN HCT ( <i>benazepril &amp; hydrochlorothiazide</i> ) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB     | Tier 3           |   |
| LOTREL ( <i>amlodipine besylate-benazepril hcl</i> ) 10-20 MG CAP, 10-40 MG CAP                               | Tier 3           | QLC (1 cap/day)                         |
| LOTREL ( <i>amlodipine besylate-benazepril hcl</i> ) 5-10 MG CAP, 5-20 MG CAP                                 | Tier 3           |   |
| MAXZIDE ( <i>triamterene &amp; hydrochlorothiazide</i> ) 75-50 MG TAB   | Tier 3           |   |
| MAXZIDE-25 ( <i>triamterene &amp; hydrochlorothiazide</i> ) -37.5-MG TAB                                      | Tier 3           |   |
| METHYLDOPA-HYDROCHLOROTHIAZIDE ( <i>methyldopa &amp; hydrochlorothiazide</i> ) -250-15 MG TAB, -250-25 MG TAB | Tier 1           |   |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)                    | Tier 1           |   |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)                    | Tier 1           |   |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)                     | Tier 1           |   |
| <i>metirosine cap 250 mg</i>  | Tier 1           | S (Specialty Drug), QLC (16 caps/day)   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> ) 40-12.5 MG TAB                                 | Tier 3           | ST, QLC (3 tabs/day)                    |
| MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> ) 80-12.5 MG TAB, 80-25 MG TAB                   | Tier 3           | ST, QLC (2 tabs/day)                    |
| NEXLETOL ( <i>bempedoic acid</i> ) 180 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i><br>(OLMESARTAN MEDOXOMIL-HCTZ)          | Tier 1           | QLC (1 tab/day)                         |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i><br>(OLMESARTAN MEDOXOMIL-HCTZ)          | Tier 1           | QLC (1 tab/day)                         |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i><br>(OLMESARTAN MEDOXOMIL-HCTZ)            | Tier 1           | QLC (1 tab/day)                         |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i><br>(OLMESARTAN-AMLODIPINE-HCTZ)      | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i><br>(OLMESARTAN-AMLODIPINE-HCTZ)     | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i><br>(OLMESARTAN-AMLODIPINE-HCTZ)       | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i><br>(OLMESARTAN-AMLODIPINE-HCTZ)      | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i><br>(OLMESARTAN-AMLODIPINE-HCTZ)        | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>pentoxifylline tab er 400 mg</i><br>(PENTOXIFYLLINE ER)   | Tier 1           |   |
| PRESTALIA ( <i>perindopril arginine-amlodipine besylate</i> ) 3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB | Tier 3           | ST, QLC (1 tab/day)                     |
| PROPRANOLOL-HCTZ ( <i>propranolol &amp; hydrochlorothiazide</i> ) -40-25 MG TAB, -80-25 MG TAB         | Tier 1           |   |
| QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB  | Tier 1           |   |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>  | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>  | Tier 1           |   |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>  | Tier 1           |   |
| RANEXA ( <i>ranolazine</i> ) 500 MG TAB ER<br>12H, 1000 MG TAB ER 12H  | Tier 3           | QLC (2 tabs/day)                        |
| <i>ranolazine tab er 12hr 1000 mg</i><br>(RANOLAZINE ER)   | Tier 1           | QLC (2 tabs/day)                        |
| <i>ranolazine tab er 12hr 500 mg</i><br>(RANOLAZINE ER)  | Tier 1           | QLC (2 tabs/day)                        |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)                                   | Tier 1           |   |
| TARKA ( <i>trandolapril-verapamil hcl</i> ) 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER                        | Tier 3           |   |
| TEKTURNA ( <i>aliskiren fumarate</i> ) 150 MG TAB, 300 MG TAB  | Tier 3           | ST, QLC (1 tab/day)                     |
| TEKTURNA HCT ( <i>aliskiren-hydrochlorothiazide</i> ) 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB | Tier 3           | ST, QLC (1 tab/day)                     |
| TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB                                      | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>telmisartan-amlodipine tab 40-10 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>telmisartan-amlodipine tab 40-5 mg</i>  | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>telmisartan-amlodipine tab 80-10 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>telmisartan-amlodipine tab 80-5 mg</i>  | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)   | Tier 1           | ST, QLC (3 tabs/day)                    |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)   | Tier 1           | ST, QLC (2 tabs/day)                    |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)   | Tier 1           | ST, QLC (2 tabs/day)                    |
| TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> ) -25 MG TAB  | Tier 3           |   |
| TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> ) -25 MG TAB   | Tier 3           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| TRANDOLAPRIL-VERAPAMIL HCL ER - ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER   | Tier 1           |   |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)  | Tier 1           |   |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)  | Tier 1           |   |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)  | Tier 1           |   |
| TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> ) 20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB | Tier 3           | ST, QLC (1 tab/day)                     |
| TRYNGOLZA ( <i>olezarsen sodium</i> ) TRYNGOLZ80 MG/0.8ML SOLN -INJ   | Tier 4           | PA, LA, QLC (1 pen/28 days)             |
| TRYVIO ( <i>aprocitentan</i> ) 12.5 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| TWYNSTA ( <i>telmisartan-amlodipine</i> ) 40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB  | Tier 3           | ST, QLC (1 tab/day)                     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| VASERETIC ( <i>enalapril maleate &amp; hydrochlorothiazide</i> ) 10-25 MG TAB   | Tier 3           |   |
| VECAMYL ( <i>mecamylamine hcl</i> ) 2.5 MG TAB  | Tier 1           |   |
| VERQUVO ( <i>vericiguat</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| ZESTORETIC ( <i>lisinopril &amp; hydrochlorothiazide</i> ) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB   | Tier 3           |   |

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| PRESCRIPTION DRUG NAME  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| ZIAC ( <i>bisoprolol &amp; hydrochlorothiazide</i> )<br>2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25<br>MG TAB | Tier 3    |                                  |
| <b>DIURETICS, LOOP</b>  |           |                                  |
| <i>bumetanide tab 0.5 mg</i>  | Tier 1    |                                  |
| <i>bumetanide tab 1 mg</i>  | Tier 1    |                                  |
| <i>bumetanide tab 2 mg</i>  | Tier 1    |                                  |
| BUMEX ( <i>bumetanide</i> ) 0.5 MG TAB  | Tier 3    |                                  |
| EDECIN ( <i>ethacrynic acid</i> ) 25 MG TAB   | Tier 3    | PA, QLC (8 tabs/day)             |
| <i>ethacrynic acid tab 25 mg</i>  | Tier 1    | PA, QLC (8 tabs/day)             |
| FUROSCIX ( <i>furosemide</i> ) 80 MG/10ML<br>CART KIT   | Tier 4    | PA, LA, QLC (1 kit/day)          |
| FUROSEMIDE 8 MG/ML SOLUTION   | Tier 1    |                                  |
| <i>furosemide oral soln 10 mg/ml</i>  | Tier 1    |                                  |
| <i>furosemide tab 20 mg</i>   | Tier 1    |                                  |
| <i>furosemide tab 40 mg</i>   | Tier 1    |                                  |
| <i>furosemide tab 80 mg</i>   | Tier 1    |                                  |
| LASIX ( <i>furosemide</i> ) 20 MG TAB, 40 MG<br>TAB, 80 MG TAB  | Tier 3    |                                  |
| SOAANZ ( <i>torseamide</i> ) 20 MG TAB  | Tier 3    | PA, QLC (1 tab/day)              |
| SOAANZ ( <i>torseamide</i> ) 40 MG TAB  | Tier 3    | PA, QLC (5 tabs/day)             |
| SOAANZ ( <i>torseamide</i> ) 60 MG TAB  | Tier 3    | PA, QLC (3 tabs/day)             |
| <i>torseamide tab 10 mg</i>   | Tier 1    |                                  |
| <i>torseamide tab 100 mg</i>  | Tier 1    |                                  |
| <i>torseamide tab 20 mg</i>   | Tier 1    |                                  |
| <i>torseamide tab 5 mg</i>  | Tier 1    |                                  |
| <b>DIURETICS, POTASSIUM-SPARING</b>   |           |                                  |
| <i>amiloride hcl tab 5 mg</i>   | Tier 1    |                                  |
| DYRENIUM ( <i>triamterene</i> ) 50 MG CAP,<br>100 MG CAP  | Tier 3    | ST                               |
| <i>eplerenone tab 25 mg</i>   | Tier 1    |                                  |
| <i>eplerenone tab 50 mg</i>   | Tier 1    |                                  |
| INSPRA ( <i>eplerenone</i> ) 25 MG TAB, 50 MG<br>TAB  | Tier 3    |                                  |

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Therapy

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|--|------------------|---|
| <i>triamterene cap 100 mg</i>  | Tier 1           | ST                                      |
| <i>triamterene cap 50 mg</i>   | Tier 1           | ST                                      |
| <b>DIURETICS, THIAZIDE</b>   |                  |   |
| <i>chlorthalidone tab 25 mg</i>  | Tier 1           |   |
| <i>chlorthalidone tab 50 mg</i>  | Tier 1           |   |
| DIURIL ( <i>chlorothiazide</i> ) 250 MG/5ML SUSPENSION                     | Tier 3           |   |
| <i>hydrochlorothiazide cap 12.5 mg</i>                                     | Tier 1           |   |
| <i>hydrochlorothiazide tab 12.5 mg</i>                                     | Tier 1           |   |
| <i>hydrochlorothiazide tab 25 mg</i>                                       | Tier 1           |   |
| <i>hydrochlorothiazide tab 50 mg</i>                                       | Tier 1           |   |
| <i>indapamide tab 1.25 mg</i>  | Tier 1           |   |
| <i>indapamide tab 2.5 mg</i>   | Tier 1           |   |
| <i>metolazone tab 10 mg</i>  | Tier 1           |   |
| <i>metolazone tab 2.5 mg</i>   | Tier 1           |   |
| <i>metolazone tab 5 mg</i>   | Tier 1           |   |
| THALITONE ( <i>chlorthalidone</i> ) 15 MG TAB                              | Tier 3           | PA, QLC (4 tabs/day)                    |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)</b> |                  |   |
| ANTARA ( <i>fenofibrate micronized</i> ) 30 MG CAP                         | Tier 3           | ST, QLC (2 caps/day)                    |
| ANTARA ( <i>fenofibrate micronized</i> ) 90 MG CAP                         | Tier 3           | ST, QLC (1 cap/day)                     |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>           | Tier 1           | QLC (1 cap/day)                         |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>            | Tier 1           | QLC (1 cap/day)                         |
| FENOFIBRATE 150 MG CAP   | Tier 3           | ST, QLC (1 cap/day)                     |
| FENOFIBRATE 50 MG CAP  | Tier 3           | ST, QLC (2 caps/day)                    |
| FENOFIBRATE MICRONIZED 30 MG CAP   | Tier 3           | ST, QLC (2 caps/day)                    |
| FENOFIBRATE MICRONIZED 90 MG CAP   | Tier 3           | ST, QLC (1 cap/day)                     |
| <i>fenofibrate micronized cap 130 mg</i>                                   | Tier 1           | ST, QLC (1 cap/day)                     |

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| <b>PRESCRIPTION DRUG NAME</b>                                       | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>fenofibrate micronized cap 134 mg</i>                            | Tier 1           | QLC (1 cap/day)                         |
| <i>fenofibrate micronized cap 200 mg</i>                            | Tier 1           | QLC (1 cap/day)                         |
| <i>fenofibrate micronized cap 43 mg</i>                             | Tier 1           | ST, QLC (2 caps/day)                    |
| <i>fenofibrate micronized cap 67 mg</i>                             | Tier 1           | QLC (1 cap/day)                         |
| <i>fenofibrate tab 120 mg</i>                                       | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>fenofibrate tab 145 mg</i>                                       | Tier 1           | QLC (1 tab/day)                         |
| <i>fenofibrate tab 40 mg</i>  | Tier 1           | ST, QLC (2 tabs/day)                    |
| <i>fenofibrate tab 48 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>fenofibrate tab 54 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| FENOFIBRIC ACID 105 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| FENOFIBRIC ACID 35 MG TAB   | Tier 3           | QLC (2 tabs/day)                        |
| FENOGLIDE ( <i>fenofibrate</i> ) 120 MG TAB                         | Tier 3           | ST, QLC (1 tab/day)                     |
| FENOGLIDE ( <i>fenofibrate</i> ) 40 MG TAB                          | Tier 3           | ST, QLC (2 tabs/day)                    |
| FIBRICOR ( <i>fenofibric acid</i> ) 105 MG TAB                      | Tier 3           | QLC (1 tab/day)                         |
| FIBRICOR ( <i>fenofibric acid</i> ) 35 MG TAB                       | Tier 3           | QLC (2 tabs/day)                        |
| <i>gemfibrozil tab 600 mg</i>                                       | Tier 1           | QLC (2.5 tabs/day)                      |
| LIPOFEN ( <i>fenofibrate</i> ) 150 MG CAP                           | Tier 3           | ST, QLC (1 cap/day)                     |
| LIPOFEN ( <i>fenofibrate</i> ) 50 MG CAP                            | Tier 3           | ST, QLC (2 caps/day)                    |
| LOPID ( <i>gemfibrozil</i> ) 600 MG TAB                             | Tier 3           | QLC (2.5 tabs/day)                      |
| TRICOR ( <i>fenofibrate</i> ) 145 MG TAB                            | Tier 3           | QLC (1 tab/day)                         |
| TRICOR ( <i>fenofibrate</i> ) 48 MG TAB                             | Tier 3           | QLC (2 tabs/day)                        |
| TRILIPIX ( <i>choline fenofibrate</i> ) 45 MG CAP DR, 135 MG CAP DR | Tier 3           | QLC (1 cap/day)                         |

### **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol )**

|   |        |  |
|---|--------|--|
| ALTOPREV ( <i>lovastatin</i> ) 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H | Tier 3 | PA, QLC (1 tab/day)                      |
| ATORVALIQ ( <i>atorvastatin calcium</i> ) 20 MG/5ML SUSPENSION                      | Tier 3 | PA, QLC (20 ml/day)                      |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>                             | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>                             | Tier 1 | ACA (Preventive Health), QLC (1 tab/day) |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>  | Tier 1           | QLC (1 tab/day)                         |
| CRESTOR ( <i>rosuvastatin calcium</i> ) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB                                      | Tier 3           | QLC (1 tab/day)                         |
| EZALLOR SPRINKLE ( <i>rosuvastatin calcium</i> ) 5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK | Tier 3           | QLC (1 cap/day)                         |
| FLOLIPID ( <i>simvastatin</i> ) 20 MG/5ML SUSPENSION   | Tier 3           | PA, QLC (5 ml/day)                      |
| FLOLIPID ( <i>simvastatin</i> ) 40 MG/5ML SUSPENSION   | Tier 3           | PA, QLC (10 ml/day)                     |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>  | Tier 1           | QLC (1 cap/day)                         |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>  | Tier 1           | QLC (2 caps/day)                        |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> (FLUVASTATIN SODIUM ER)                                 | Tier 1           | PA, QLC (1 tab/day)                     |
| LESCOL XL ( <i>fluvastatin sodium</i> ) 80 MG TAB ER 24H   | Tier 3           | PA, QLC (1 tab/day)                     |
| LIPITOR ( <i>atorvastatin calcium</i> ) 10 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| LIPITOR ( <i>atorvastatin calcium</i> ) 20 MG TAB, 40 MG TAB, 80 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| LIVALO ( <i>pitavastatin calcium</i> ) 1 MG TAB  | Tier 3           | ST, QLC (1 tab/day)                     |
| LIVALO ( <i>pitavastatin calcium</i> ) 2 MG TAB, 4 MG TAB  | Tier 3           | ST, QLC (1 tab/day)                     |
| <i>lovastatin tab 10 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>lovastatin tab 20 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>lovastatin tab 40 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| <i>pitavastatin calcium tab 1 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>pitavastatin calcium tab 2 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| <i>pitavastatin calcium tab 4 mg</i>   | Tier 1           | ST, QLC (1 tab/day)                     |
| PRAVACHOL ( <i>pravastatin sodium</i> ) 20 MG TAB, 40 MG TAB   | Tier 3           | QLC (1 tab/day)                         |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|---|------------------|--|
| <i>pravastatin sodium tab 10 mg</i>                                     | Tier 1           | QLC (1 tab/day)                          |
| <i>pravastatin sodium tab 20 mg</i>                                     | Tier 1           | QLC (1 tab/day)                          |
| <i>pravastatin sodium tab 40 mg</i>                                     | Tier 1           | QLC (1 tab/day)                          |
| <i>pravastatin sodium tab 80 mg</i>                                     | Tier 1           | QLC (1 tab/day)                          |
| <i>rosuvastatin calcium tab 10 mg</i>                                   | Tier 1           | QLC (1 tab/day)                          |
| <i>rosuvastatin calcium tab 20 mg</i>                                   | Tier 1           | QLC (1 tab/day)                          |
| <i>rosuvastatin calcium tab 40 mg</i>                                   | Tier 1           | QLC (1 tab/day)                          |
| <i>rosuvastatin calcium tab 5 mg</i>                                    | Tier 1           | QLC (1 tab/day)                          |
| <i>simvastatin tab 10 mg</i>  | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 20 mg</i>  | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 40 mg</i>  | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 5 mg</i>   | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| <i>simvastatin tab 80 mg</i>  | Tier 1           | QLC (1 tab/day)                          |
| ZOCOR ( <i>simvastatin</i> ) 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB | Tier 3           | QLC (1 tab/day)                          |
| ZYPITAMAG ( <i>pitavastatin magnesium</i> ) 2 MG TAB, 4 MG TAB          | Tier 3           | ST, QLC (1 tab/day)                      |
| <b>DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)</b>          |                  |  |
| <i>cholestyramine light powder 4 gm/dose</i>                            | Tier 1           |  |
| cholestyramine light powder 4 gm/dose (Prevalite)                       | Tier 1           |  |
| <i>cholestyramine light powder packets 4 gm</i>                         | Tier 1           |  |
| cholestyramine light powder packets 4 gm (Prevalite)                    | Tier 1           |  |
| <i>cholestyramine powder 4 gm/dose</i>                                  | Tier 1           |  |
| <i>cholestyramine powder packets 4 gm</i>                               | Tier 1           |  |
| <i>colesevelam hcl packet for susp 3.75 gm</i>                          | Tier 1           |  |
| <i>colesevelam hcl tab 625 mg</i>                                       | Tier 1           |  |
| COLESTID ( <i>colestipol hcl</i> ) 1 GM TAB, 5 GM GRANULES, 5 GM PACKET | Tier 3           |  |

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|--|------------------|---|
| COLESTID FLAVORED ( <i>colestipol hcl</i> ) 5 GM GRANULES, 5 GM PACKET   | Tier 3           |   |
| <i>colestipol hcl granule packets 5 gm</i>   | Tier 1           |   |
| <i>colestipol hcl granules 5 gm</i>  | Tier 1           |   |
| <i>colestipol hcl tab 1 gm</i>   | Tier 1           |   |
| <i>ezetimibe tab 10 mg</i>   | Tier 1           | QLC (1 tab/day)                         |
| EZETIMIBE-ROSUVASTATIN ( <i>ezetimibe-rosuvastatin calcium</i> ) -10-10 MG TAB, -10-20 MG TAB, -10-40 MG TAB, -10-5 MG TAB | Tier 3           | QLC (1 tab/day)                         |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>icosapent ethyl cap 0.5 gm</i>  | Tier 1           | PA, QLC (2 caps/day)                    |
| <i>icosapent ethyl cap 1 gm</i>  | Tier 1           | PA, QLC (4 caps/day)                    |
| JUXTAPID ( <i>lomitapide mesylate</i> ) 20 MG CAP, 30 MG CAP   | Tier 4           | PA, LA, QLC (2 caps/day)                |
| JUXTAPID ( <i>lomitapide mesylate</i> ) 5 MG CAP, 10 MG CAP  | Tier 4           | PA, LA, QLC (1 cap/day)                 |
| LOVAZA ( <i>omega-3-acid ethyl esters</i> ) 1 GM CAP   | Tier 3           | QLC (4 caps/day)                        |
| NEXLIZET ( <i>bempedoic acid-ezetimibe</i> ) 180-10 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| NIACIN (ANTIHYPERSLIPIDEMIC) 500 MG TAB  | Tier 1           |   |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERSLIPIDEMIC))  | Tier 1           | QLC (2 tabs/day)                        |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERSLIPIDEMIC))   | Tier 1           | QLC (4 tabs/day)                        |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERSLIPIDEMIC))   | Tier 1           | QLC (2 tabs/day)                        |
| NIACOR ( <i>niacin (antihyperlipidemic)</i> ) 500 MG TAB   | Tier 1           |   |
| NIASPAN ( <i>niacin (antihyperlipidemic)</i> ) 500 MG TAB  | Tier 3           | QLC (4 tabs/day)                        |

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|--|------------------|---|
| NIASPAN ( <i>niacin (antihyperlipidemic)</i> ) 750 MG TAB ER, 1000 MG TAB ER                           | Tier 3           | QLC (2 tabs/day)                        |
| <i>omega-3-acid ethyl esters cap 1 gm</i>  | Tier 1           | QLC (4 caps/day)                        |
| PRALUENT ( <i>alirocumab</i> ) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ                 | Tier 4           | PA, QLC (2 pens/month)                  |
| PRALUENT 150 MG/ML PEN (NDC 72733)   | Tier 3           | PA, QLC (2 pens/month)                  |
| PRALUENT 75 MG/ML PEN (NDC 72733)  | Tier 3           | PA, QLC (2 pens/month)                  |
| QUESTRAN ( <i>cholestyramine</i> ) 4 GM PACKET, 4 GM/DOSE POWDER                                       | Tier 3           |   |
| QUESTRAN LIGHT ( <i>cholestyramine light</i> ) 4 GM/DOSE POWDER  | Tier 3           |   |
| REPATHA ( <i>evolocumab</i> ) 140 MG/ML SOLN PRSYR   | Tier 2           | PA, QLC (2 syringes/month)              |
| REPATHA PUSHTRONEX SYSTEM ( <i>evolocumab</i> ) 420 MG/3.5ML SOLN CART                                 | Tier 2           | PA, QLC (1 injector/month)              |
| REPATHA SURECLICK ( <i>evolocumab</i> ) REPTH140 MG/ML SOLN -INJ                                       | Tier 2           | PA, QLC (2 pens/month)                  |
| ROSZET ( <i>ezetimibe-rosuvastatin calcium</i> ) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB | Tier 3           | QLC (1 tab/day)                         |
| VASCEPA ( <i>icosapent ethyl</i> ) 0.5 GM CAP  | Tier 3           | PA, QLC (2 caps/day)                    |
| VASCEPA ( <i>icosapent ethyl</i> ) 1 GM CAP  | Tier 3           | PA, QLC (4 caps/day)                    |
| VYTORIN ( <i>ezetimibe-simvastatin</i> ) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB        | Tier 3           | QLC (1 tab/day)                         |
| WELCHOL ( <i>colesevelam hcl</i> ) 3.75 GM PACKET, 625 MG TAB  | Tier 3           |   |
| ZETIA ( <i>ezetimibe</i> ) 10 MG TAB   | Tier 3           | QLC (1 tab/day)                         |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>  |                  |   |
| ALDACTONE ( <i>spironolactone</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB                                   | Tier 3           |   |
| CAROSPIR ( <i>spironolactone</i> ) 25 MG/5ML SUSPENSION  | Tier 3           | PA, QLC (20 ml/day)                     |
| KERENDIA ( <i>finerenone</i> ) 10 MG TAB, 20 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>spironolactone susp 25 mg/5ml</i>   | Tier 1           | PA, QLC (20 ml/day)                     |
| <i>spironolactone tab 100 mg</i>   | Tier 1           |   |
| <i>spironolactone tab 25 mg</i>  | Tier 1           |   |
| <i>spironolactone tab 50 mg</i>  | Tier 1           |   |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>                       |                  |   |
| DAPAGLIFLOZIN PROPANEDIOL 5 MG TAB, 10 MG TAB                                    | Tier 3           | PA, QLC (1 tab/day)                     |
| FARXIGA ( <i>dapagliflozin propanediol</i> ) 5 MG TAB, 10 MG TAB                 | Tier 2           | ST, QLC (1 tab/day)                     |
| INPEFA ( <i>sotagliflozin</i> ) 200 MG TAB                                       | Tier 3           | PA, QLC (1 tab/day)                     |
| INPEFA ( <i>sotagliflozin</i> ) 400 MG TAB                                       | Tier 3           | PA, QLC (1 tab /day)                    |
| INVOKANA ( <i>canagliflozin</i> ) 100 MG TAB, 300 MG TAB                         | Tier 3           | ST, QLC (1 tab/day)                     |
| JARDIANCE ( <i>empagliflozin</i> ) 10 MG TAB, 25 MG TAB                          | Tier 2           | ST, QLC (1 tab/day)                     |
| STEGLATRO ( <i>ertugliflozin l-pyroglutamic acid</i> ) 15 MG TAB                 | Tier 3           | ST, QLC (1 tab/day)                     |
| STEGLATRO ( <i>ertugliflozin l-pyroglutamic acid</i> ) 5 MG TAB                  | Tier 3           | ST, QLC (2 tabs/day)                    |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)</b>        |                  |   |
| <i>hydralazine hcl tab 10 mg</i>   | Tier 1           |   |
| <i>hydralazine hcl tab 100 mg</i>  | Tier 1           |   |
| <i>hydralazine hcl tab 25 mg</i>   | Tier 1           |   |
| <i>hydralazine hcl tab 50 mg</i>   | Tier 1           |   |
| <i>minoxidil tab 10 mg</i>   | Tier 1           |   |
| <i>minoxidil tab 2.5 mg</i>  | Tier 1           |   |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS</b> |                  |   |
| DILATRATE-SR ( <i>isosorbide dinitrate</i> ) -40 MG CAP ER                       | Tier 3           |   |
| GONITRO ( <i>nitroglycerin</i> ) 400 MCG PACKET                                  | Tier 3           | QLC (36 packs/month)                    |
| ISORDIL TITRADOSE ( <i>isosorbide dinitrate</i> ) 5 MG TAB, 40 MG TAB            | Tier 3           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>isosorbide dinitrate tab 10 mg</i>   | Tier 1           |   |
| <i>isosorbide dinitrate tab 20 mg</i>   | Tier 1           |   |
| <i>isosorbide dinitrate tab 30 mg</i>   | Tier 1           |   |
| <i>isosorbide dinitrate tab 40 mg</i>   | Tier 1           |   |
| <i>isosorbide dinitrate tab 5 mg</i>  | Tier 1           |   |
| <i>isosorbide mononitrate tab 10 mg</i>   | Tier 1           |   |
| <i>isosorbide mononitrate tab 20 mg</i>   | Tier 1           |   |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)  | Tier 1           |   |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)   | Tier 1           |   |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)   | Tier 1           |   |
| NITRO-BID ( <i>nitroglycerin</i> ) -2 % OINTMENT  | Tier 2           |   |
| NITRO-DUR ( <i>nitroglycerin</i> ) -0.1 MG/HR PATCH 24HR, -0.2 MG/HR PATCH 24HR, -0.4 MG/HR PATCH 24HR, -0.6 MG/HR PATCH 24HR | Tier 3           |   |
| NITRO-DUR ( <i>nitroglycerin</i> ) -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR   | Tier 2           |   |
| NITRO-TIME ( <i>nitroglycerin</i> ) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER  | Tier 1           |   |
| <i>nitroglycerin oint 0.4%</i>  | Tier 1           | PA, QLC (30 gm/30 days)                 |
| <i>nitroglycerin sl tab 0.3 mg</i>  | Tier 1           |   |
| <i>nitroglycerin sl tab 0.4 mg</i>  | Tier 1           |   |
| <i>nitroglycerin sl tab 0.6 mg</i>  | Tier 1           |   |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>  | Tier 1           |   |
| nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)  | Tier 1           |   |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>  | Tier 1           |   |
| nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)  | Tier 1           |   |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>  | Tier 1           |   |
| nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)  | Tier 1           |   |

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Therapy

| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>                                   | Tier 1    |                                  |
| nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)                               | Tier 1    |                                  |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>                      | Tier 1    |                                  |
| NITROLINGUAL ( <i>nitroglycerin</i> ) 0.4 MG/SPRAY SOLUTION                    | Tier 3    |                                  |
| NITROSTAT ( <i>nitroglycerin</i> ) 0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB | Tier 3    |                                  |
| RECTIV ( <i>nitroglycerin (intra-anal)</i> ) 0.4 % OINTMENT                    | Tier 3    | PA, QLC (30 gm/30 days)          |

## CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

### AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

|  |        |   |
|--|--------|---|
| EXSERVAN ( <i>riluzole</i> ) 50 MG FILM                              | Tier 4 | PA, LA, QLC (2 films/day)   |
| RADICAVA ORS ( <i>edaravone</i> ) 105 MG/5ML SUSPENSION              | Tier 4 | PA, LA, S (Specialty Drug), QLC (50 ml/28 days)                       |
| RADICAVA ORS STARTER KIT ( <i>edaravone</i> ) 105 MG/5ML SUSPENSION  | Tier 4 | PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year) |
| RELYVRIO ( <i>sodium phenylbutyrate-taurursodiol</i> ) 3-1 GM PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 packets/day)                       |
| RILUTEK ( <i>riluzole</i> ) 50 MG TAB                                | Tier 3 |   |
| <i>riluzole tab 50 mg</i>  | Tier 1 |   |
| TEGLUTIK ( <i>riluzole</i> ) 50 MG/10ML SUSPENSION                   | Tier 4 | PA, LA, QLC (20 ml/day)   |
| TIGLUTIK ( <i>riluzole</i> ) 50 MG/10ML SUSPENSION                   | Tier 4 | PA, LA, QLC (20 ml/day)   |

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

|  |        |  |
|--|--------|--|
| ADDERALL ( <i>amphetamine-dextroamphetamine</i> ) 12.5 MG TAB                                | Tier 3 | AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| ADDERALL ( <i>amphetamine-dextroamphetamine</i> ) 20 MG TAB                                  | Tier 3 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| ADDERALL ( <i>amphetamine-dextroamphetamine</i> ) 30 MG TAB                                  | Tier 3 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| ADDERALL ( <i>amphetamine-dextroamphetamine</i> ) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB | Tier 3 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| ADDERALL XR ( <i>amphetamine-dextroamphetamine</i> ) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H                                 | Tier 3           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| ADZENYS ER ( <i>amphetamine</i> ) 1.25 MG/ML SUSP  | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)  |
| ADZENYS XR-ODT ( <i>amphetamine</i> ) - ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP, -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)  |
| AMPHETAMINE ER 1.25 MG/ML SUSP   | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)  |
| <i>amphetamine sulfate tab 10 mg</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| <i>amphetamine sulfate tab 5 mg</i>  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>   | Tier 1           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>   | Tier 1           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-7.5</i>  | Tier 1           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>   | Tier 1           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |

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|--|------------------|---|
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>                         | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)      |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>                          | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)      |
| <i>amphetamine-dextroamphetamine tab 10 mg -dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (4 tabs/day)      |
| <i>amphetamine-dextroamphetamine tab 12.5 mg -dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (5 tabs/day)      |
| <i>amphetamine-dextroamphetamine tab 15 mg -dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (4 tabs/day)      |
| <i>amphetamine-dextroamphetamine tab 20 mg -dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (3 tabs/day)      |
| <i>amphetamine-dextroamphetamine tab 30 mg -dextro</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 tabs/day)      |
| <i>amphetamine-dextroamphetamine tab 5 mg -dextro</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (4 tabs/day)      |
| <i>amphetamine-dextroamphetamine tab 7.5 mg -dextro</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (4 tabs/day)      |
| AZSTARYS ( <i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i> ) 26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)   |
| DESOXYN ( <i>methamphetamine hcl</i> ) 5 MG TAB  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)  |
| DEXEDRINE ( <i>dextroamphetamine sulfate</i> ) 10 MG CAP ER 24H  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)  |
| DEXEDRINE ( <i>dextroamphetamine sulfate</i> ) 15 MG CAP ER 24H  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)  |
| DEXEDRINE ( <i>dextroamphetamine sulfate</i> ) 5 MG CAP ER 24H   | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (12 caps/day) |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)  |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)  |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (12 caps/day) |

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|--|------------------|--|
| dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) mg/ml                       | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)  |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml</i>                            | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)  |
| <i>dextroamphetamine sulfate tab 10 mg</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| dextroamphetamine sulfate tab 10 mg (Zenedi)   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| <i>dextroamphetamine sulfate tab 15 mg</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| dextroamphetamine sulfate tab 15 mg (Zenedi)   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| <i>dextroamphetamine sulfate tab 2.5 mg</i>  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| dextroamphetamine sulfate tab 2.5 mg (Zenedi)  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dextroamphetamine sulfate tab 20 mg</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| dextroamphetamine sulfate tab 20 mg (Zenedi)   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| <i>dextroamphetamine sulfate tab 30 mg</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| dextroamphetamine sulfate tab 30 mg (Zenedi)   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dextroamphetamine sulfate tab 5 mg</i>  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| dextroamphetamine sulfate tab 5 mg (Zenedi)  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| <i>dextroamphetamine sulfate tab 7.5 mg</i>  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| dextroamphetamine sulfate tab 7.5 mg (Zenedi)  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| DYANAVEL XR ( <i>amphetamine</i> ) 2.5 MG/ML SUSP  | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (8 ml/day)   |
| DYANAVEL XR ( <i>amphetamine</i> ) 5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)  |
| EVEKEO ( <i>amphetamine sulfate</i> ) 10 MG TAB  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day) |

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|---|------------------|--|
| EVEKEO ( <i>amphetamine sulfate</i> ) 5 MG TAB  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| EVEKEO ODT ( <i>amphetamine sulfate</i> ) ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP     | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>lisdexamfetamine dimesylate cap 10 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate cap 20 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate cap 30 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate cap 40 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate cap 50 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate cap 60 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate cap 70 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>lisdexamfetamine dimesylate chew tab 10 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)      |
| <i>lisdexamfetamine dimesylate chew tab 20 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)      |
| <i>lisdexamfetamine dimesylate chew tab 30 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)      |
| <i>lisdexamfetamine dimesylate chew tab 40 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)      |
| <i>lisdexamfetamine dimesylate chew tab 50 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)      |
| <i>lisdexamfetamine dimesylate chew tab 60 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)      |
| METHAMPHETAMINE HCL 5 MG TAB  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| <i>methamphetamine hcl tab 5 mg</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| MYDAYIS ( <i>amphetamine-dextroamphetamine</i> ) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| VYVANSE ( <i>lisdexamfetamine dimesylate</i> ) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP                    | Tier 3           | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| VYVANSE ( <i>lisdexamfetamine dimesylate</i> ) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB | Tier 3           | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| XELSTRYM ( <i>dextroamphetamine</i> ) 4.5 MG/9HR PATCH, 9 MG/9HR PATCH, 13.5 MG/9HR PATCH, 18 MG/9HR PATCH                                    | Tier 3           | PA, QLC (1 patch/day)                   |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

|   |        |   |
|---|--------|---|
| APTENSIO XR ( <i>methylphenidate hcl</i> ) 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 cap/day)       |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>   | Tier 1 | QLC (4 caps/day)                              |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>  | Tier 1 | QLC (1 cap/day)                               |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>   | Tier 1 | QLC (4 caps/day)                              |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>   | Tier 1 | QLC (4 caps/day)                              |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>   | Tier 1 | QLC (2 caps/day)                              |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>   | Tier 1 | QLC (1 cap/day)                               |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>   | Tier 1 | QLC (1 cap/day)                               |
| <i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)  | Tier 1 | QLC (4 tabs/day)                              |
| CONCERTA ( <i>methylphenidate hcl</i> ) 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER  | Tier 3 | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| COTEMPLA XR-ODT ( <i>methylphenidate</i> ) -8.6 MG TAB ER DISP  | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)  |
| COTEMPLA XR-ODT ( <i>methylphenidate</i> ) -ODT 17.3 MG TAB ER DISP, -ODT 25.9 MG TAB ER DISP   | Tier 3 | PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)  |
| DAYTRANA ( <i>methylphenidate</i> ) 10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH  | Tier 3 | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)  | Tier 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day)       |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|--|------------------|--|
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)   | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>dexmethylphenidate hcl tab 10 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| <i>dexmethylphenidate hcl tab 5 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| FOCALIN ( <i>dexmethylphenidate hcl</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB  | Tier 3           | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| FOCALIN XR ( <i>dexmethylphenidate hcl</i> ) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H | Tier 3           | AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)  | Tier 1           | QLC (1 tab/day)                          |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr  | Tier 1           | QLC (1 tab/day)                          |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)  | Tier 1           | QLC (1 tab/day)                          |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr  | Tier 1           | QLC (1 tab/day)                          |
| INTUNIV ( <i>guanfacine hcl (adhd)</i> ) 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H  | Tier 3           | QLC (1 tab/day)                          |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| JORNAY PM ( <i>methylphenidate hcl</i> ) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| KAPVAY ( <i>clonidine hcl (adhd)</i> ) 0.1 MG TAB ER 12H   | Tier 3           | QLC (4 tabs/day)                             |
| METADATE CD ( <i>methylphenidate hcl</i> ) 10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| METADATE CD ( <i>methylphenidate hcl</i> ) 40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)  |
| METHYLIN ( <i>methylphenidate hcl</i> ) 10 MG/5ML SOLUTION   | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)  |
| METHYLIN ( <i>methylphenidate hcl</i> ) 5 MG/5ML SOLUTION  | Tier 3           | ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)  |
| <i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| <i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| <i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))  | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|--|------------------|---|
| <i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))      | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)     |
| <i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))      | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)     |
| <i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))           | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 caps/day)    |
| <i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))           | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)     |
| <i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))           | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)     |
| <i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))           | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 cap/day)     |
| <i>methylphenidate hcl chew tab 10 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (6 tabs/day)    |
| <i>methylphenidate hcl chew tab 2.5 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (6 tabs/day)    |
| <i>methylphenidate hcl chew tab 5 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (6 tabs/day)    |
| METHYLPHENIDATE HCL ER (OSM) ER 45 MG TAB ER, ER 63 MG TAB ER                        | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| METHYLPHENIDATE HCL ER 36 MG TAB 24H   | Tier 1           | AL1 (Up to 17 yrs old), QLC (2 tabs/day)    |
| METHYLPHENIDATE HCL ER ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)     |
| <i>methylphenidate hcl soln 10 mg/5ml</i>  | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (30 ml/day) |
| <i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>                                       | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (60 ml/day) |
| <i>methylphenidate hcl tab 10 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (6 tabs/day)    |
| <i>methylphenidate hcl tab 20 mg</i>   | Tier 1           | AL1 (Up to 17 yrs old), QLC (3 tabs/day)    |
| <i>methylphenidate hcl tab 5 mg</i>  | Tier 1           | AL1 (Up to 17 yrs old), QLC (12 tabs/day)   |
| <i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)                     | Tier 1           | AL1 (Up to 17 yrs old), QLC (6 tabs/day)    |
| <i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)                     | Tier 1           | AL1 (Up to 17 yrs old), QLC (3 tabs/day)    |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>       |
|---|------------------|---|
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i><br>(METHYLPHENIDATE HCL ER (OSM)) | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i><br>(METHYLPHENIDATE HCL ER)       | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i><br>(METHYLPHENIDATE HCL ER (OSM)) | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i><br>(METHYLPHENIDATE HCL ER)       | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i><br>(METHYLPHENIDATE HCL ER (OSM)) | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i><br>(METHYLPHENIDATE HCL ER)       | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i><br>(METHYLPHENIDATE HCL ER (OSM)) | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i><br>(METHYLPHENIDATE HCL ER)       | Tier 1           | AL1 (Up to 17 yrs old), QLC (1 tab/day)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i><br>(METHYLPHENIDATE HCL ER (OSM)) | Tier 1           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)   |
| <i>methylphenidate td patch 10 mg/9hr</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| <i>methylphenidate td patch 15 mg/9hr</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| <i>methylphenidate td patch 20 mg/9hr</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| <i>methylphenidate td patch 30 mg/9hr</i>   | Tier 1           | ST, AL1 (Up to 17 yrs old), QLC (1 patch/day) |
| ONYDA XR ( <i>clonidine hcl (adhd)</i> ) 0.1 MG/ML SUSP   | Tier 3           | PA, QLC (4 ml/day)                            |
| QELBREE ( <i>viloxazine hcl (adhd)</i> ) 100 MG CAP ER 24H                                      | Tier 3           | PA, QLC (1 cap/day)                           |
| QELBREE ( <i>viloxazine hcl (adhd)</i> ) 150 MG CAP ER 24H                                      | Tier 3           | PA, QLC (2 caps/day)                          |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| QELBREE ( <i>viloxazine hcl (adhd)</i> ) 200 MG CAP ER 24H                                     | Tier 3           | PA, QLC (3 caps/day)                         |
| QUILLICHEW ER ( <i>methylphenidate hcl</i> ) 30 MG CH  | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| QUILLICHEW ER ( <i>methylphenidate hcl</i> ) ER 20 MG, ER 40 MG                                | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)  |
| QUILLIVANT XR ( <i>methylphenidate hcl</i> ) 25 MG/5ML SRER                                    | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)  |
| RELEXXII ( <i>methylphenidate hcl</i> ) 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)  |
| RELEXXII ( <i>methylphenidate hcl</i> ) 45 MG TAB ER, 63 MG TAB ER                             | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)  |
| RELEXXII ( <i>methylphenidate hcl</i> ) 72 MG TAB ER   | Tier 3           | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)  |
| RITALIN ( <i>methylphenidate hcl</i> ) 10 MG TAB   | Tier 3           | AL1 (Up to 17 yrs old), QLC (6 tabs/day)     |
| RITALIN ( <i>methylphenidate hcl</i> ) 20 MG TAB   | Tier 3           | AL1 (Up to 17 yrs old), QLC (3 tabs/day)     |
| RITALIN ( <i>methylphenidate hcl</i> ) 5 MG TAB  | Tier 3           | AL1 (Up to 17 yrs old), QLC (12 tabs/day)    |
| RITALIN LA ( <i>methylphenidate hcl</i> ) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H | Tier 3           | AL1 (Up to 17 yrs old), QLC (2 caps/day)     |
| RITALIN LA ( <i>methylphenidate hcl</i> ) 40 MG CAP ER 24H                                     | Tier 3           | AL1 (Up to 17 yrs old), QLC (1 cap/day)      |
| STRATTERA ( <i>atomoxetine hcl</i> ) 10 MG CAP, 18 MG CAP, 25 MG CAP                           | Tier 3           | QLC (4 caps/day)                             |
| STRATTERA ( <i>atomoxetine hcl</i> ) 40 MG CAP   | Tier 3           | QLC (2 caps/day)                             |
| STRATTERA ( <i>atomoxetine hcl</i> ) 60 MG CAP, 80 MG CAP, 100 MG CAP                          | Tier 3           | QLC (1 cap/day)                              |
| <b>CENTRAL NERVOUS SYSTEM, OTHER</b>   |                  |  |
| ADIPEX-P ( <i>phentermine hcl</i> ) ADIEX-37.5 MG CA   | Tier 1           | PA, QLC (1 cap/day)                          |
| ADIPEX-P ( <i>phentermine hcl</i> ) ADIEX-37.5 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                          |
| ALLZITAL ( <i>butalbital-acetaminophen</i> ) 25-325 MG TAB                                     | Tier 1           | PA, QLC (12 tabs/day; max 96 tabs/30 days)   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                            |
|--|------------------|--|
| AUSTEDO ( <i>deutetrabenazine</i> ) 6 MG TAB, 9 MG TAB, 12 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day)                           |
| AUSTEDO XR ( <i>deutetrabenazine</i> ) 24 MG TAB ER 24H  | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)                           |
| AUSTEDO XR ( <i>deutetrabenazine</i> ) 6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                            |
| AUSTEDO XR PATIENT TITRATION ( <i>deutetrabenazine</i> ) 12 & 18 & 24 & 30 MG TBER THPK  | Tier 4           | PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days) |
| AUSTEDO XR PATIENT TITRATION ( <i>deutetrabenazine</i> ) 6 & 12 & 24 MG TBER THPK  | Tier 4           | PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/year)    |
| BENZPHETAMINE HCL 25 MG TAB  | Tier 1           | PA, QLC (3 tabs/day)   |
| <i>benzphetamine hcl tab 50 mg</i>   | Tier 1           | PA, QLC (3 tabs/day)   |
| <i>butalbital-acetaminophen cap 50-300 mg</i>  | Tier 1           | PA, QLC (6 caps/day; max 48 caps/30 days)                          |
| <i>butalbital-acetaminophen tab 50-300 mg</i>  | Tier 1           | PA, QLC (6 tabs/day; max 48 tabs/30 days)                          |
| butalbital-acetaminophen tab 50-300 mg (Bupap)   | Tier 1           | PA, QLC (6 tabs/day; max 48 tabs/30 days)                          |
| <i>butalbital-acetaminophen tab 50-325 mg</i>  | Tier 1           | QLC (6 tabs/day; max 48 tabs/30 days)                              |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)   | Tier 1           | PA, QLC (6 caps/day; max 48 caps/30 days)                          |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)   | Tier 1           | PA, QLC (6 caps/day; max 48 caps/30 days)                          |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)   | Tier 3           | PA, QLC (6 caps/day; max 48 caps/30 days)                          |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal)   | Tier 3           | PA, QLC (6 caps/day; max 48 caps/30 days)                          |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)  | Tier 1           | QLC (6 tabs/day; max 48 tabs/30 days)                              |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)   | Tier 1           | QLC (6 tabs/day; max 48 tabs/30 days)                              |
| DIETHYLPROPION HCL ER 75 MG TAB 24H  | Tier 1           | PA, QLC (1 tab/day)  |

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|--|------------------|---|
| <i>diethylpropion hcl tab 25 mg</i>  | Tier 1           | PA, QLC (3 tabs/day)                                |
| ESGIC ( <i>butalbital-acetaminophen-caffeine</i> ) 50-325-40 MG TAB  | Tier 3           | QLC (6 tabs/day; max 48 tabs/30 days)               |
| FIORICET ( <i>butalbital-acetaminophen-caffeine</i> ) 50-300-40 MG CAP   | Tier 1           | PA, QLC (6 caps/day; max 48 caps/30 days)           |
| FIRDAPSE ( <i>amifampridine phosphate</i> ) 10 MG TAB  | Tier 4           | PA, LA, QLC (10 tabs/day)                           |
| <i>gabapentin (once-daily) tab 300 mg</i>  | Tier 1           | PA, QLC (1 tab/day)                                 |
| <i>gabapentin (once-daily) tab 600 mg</i>  | Tier 1           | PA, QLC (3 tabs/day)                                |
| GRALISE ( <i>gabapentin (once-daily)</i> ) 300 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                                 |
| GRALISE ( <i>gabapentin (once-daily)</i> ) 450 MG TAB  | Tier 3           | PA, QLC (3 tabs/day)                                |
| GRALISE ( <i>gabapentin (once-daily)</i> ) 600 MG TAB  | Tier 3           | PA, QLC (3 tabs/day)                                |
| GRALISE ( <i>gabapentin (once-daily)</i> ) 750 MG TAB, 900 MG TAB  | Tier 3           | PA, QLC (2 tabs/day)                                |
| HORIZANT ( <i>gabapentin enacarbil</i> ) 300 MG TAB ER, 600 MG TAB ER  | Tier 3           | PA, QLC (2 tabs/day)                                |
| INGREZZA ( <i>valbenazine tosylate</i> ) 40 & 80 MG CAP THPK   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 packet/6 months) |
| INGREZZA ( <i>valbenazine tosylate</i> ) 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day)         |
| LOMAIRA ( <i>phentermine hcl</i> ) 8 MG TAB  | Tier 1           | PA, QLC (3 tabs/day)                                |
| NUDEXTA ( <i>dextromethorphan hbr-quinidine sulfate</i> ) 20-10 MG CAP   | Tier 2           | PA, QLC (2 caps/day)                                |
| PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H   | Tier 3           | PA, QLC (1 cap/day)                                 |
| <i>phendimetrazine tartrate tab 35 mg</i>  | Tier 1           | PA, QLC (6 tabs/day)                                |
| <i>phentermine hcl cap 15 mg</i>   | Tier 1           | PA, QLC (1 cap/day)                                 |
| <i>phentermine hcl cap 30 mg</i>   | Tier 1           | PA, QLC (1 cap/day)                                 |
| <i>phentermine hcl cap 37.5 mg</i>   | Tier 1           | PA, QLC (1 cap/day)                                 |
| <i>phentermine hcl tab 37.5 mg</i>   | Tier 1           | PA, QLC (1 tab/day)                                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|--|------------------|---|
| QSYMIA ( <i>phentermine hcl-topiramate</i> )<br>3.75-23 MG CAP ER 24H, 7.5-46 MG CAP<br>ER 24H, 11.25-69 MG CAP ER 24H, 15-92<br>MG CAP ER 24H | Tier 3           | PA, QLC (1 cap/day)                             |
| RUZURGI ( <i>amifampridine</i> ) 10 MG TAB   | Tier 4           | PA, LA, QLC (10 tabs/day)                       |
| TENCON ( <i>butalbital-acetaminophen</i> )<br>50-325 MG TAB  | Tier 1           | QLC (6 tabs/day; max 48 tabs/30<br>days)        |
| <i>tetrabenazine tab 12.5 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (8<br>tabs/day)     |
| <i>tetrabenazine tab 25 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (4<br>tabs/day)     |
| VEOZAH ( <i>fezolinetant</i> ) 45 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                             |
| VTOL LQ ( <i>butalbital-acetaminophen-<br/>caffeine</i> ) 50-325-40 MG/15ML<br>SOLUTION  | Tier 1           | PA, QLC (90 ml/day; max 720 ml/30<br>days)      |
| VYLEESI ( <i>bremelanotide acetate</i> ) 1.75<br>MG/0.3ML SOLN -INJ  | Tier 4           | PA, LA, QLC (8 doses/30 days)                   |
| XENAZINE ( <i>tetrabenazine</i> ) 12.5 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (8<br>tabs/day) |
| XENAZINE ( <i>tetrabenazine</i> ) 25 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (4<br>tabs/day) |

## **FIBROMYALGIA AGENTS**

|  |        |                      |
|--|--------|----------------------|
| CYMBALTA ( <i>duloxetine hcl</i> ) 20 MG CP<br>DR PART, 60 MG CP DR PART                   | Tier 3 | QLC (2 caps/day)     |
| CYMBALTA ( <i>duloxetine hcl</i> ) 30 MG CP<br>DR PART                                     | Tier 3 | QLC (3 caps/day)     |
| DRIZALMA SPRINKLE ( <i>duloxetine hcl</i> ) 20<br>MG CAP DR, 40 MG CAP DR, 60 MG CAP<br>DR | Tier 3 | PA, QLC (2 caps/day) |
| DRIZALMA SPRINKLE ( <i>duloxetine hcl</i> ) 30<br>MG CAP                                   | Tier 3 | PA, QLC (3 caps/day) |
| <i>duloxetine hcl enteric coated pellets cap<br/>20 mg (base eq)</i>                       | Tier 1 | QLC (2 caps/day)     |
| <i>duloxetine hcl enteric coated pellets cap<br/>30 mg (base eq)</i>                       | Tier 1 | QLC (3 caps/day)     |
| <i>duloxetine hcl enteric coated pellets cap<br/>40 mg (base eq)</i>                       | Tier 1 | QLC (2 caps/day)     |
| <i>duloxetine hcl enteric coated pellets cap<br/>60 mg (base eq)</i>                       | Tier 1 | QLC (2 caps/day)     |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| LYRICA ( <i>pregabalin</i> ) 20 MG/ML SOLUTION   | Tier 3           | QLC (30 ml/day)                              |
| LYRICA ( <i>pregabalin</i> ) 225 MG CAP, 300 MG CAP  | Tier 3           | QLC (2 caps/day)                             |
| LYRICA ( <i>pregabalin</i> ) 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP | Tier 3           | QLC (3 caps/day)                             |
| LYRICA CR ( <i>pregabalin (once-daily)</i> ) 330 MG TAB ER 24H                                   | Tier 3           | PA, QLC (2 tabs/day)                         |
| LYRICA CR ( <i>pregabalin (once-daily)</i> ) 82.5 MG TAB ER 24H, 165 MG TAB ER 24H               | Tier 3           | PA, QLC (3 tabs/day)                         |
| <i>pregabalin cap 100 mg</i>   | Tier 1           | QLC (3 caps/day)                             |
| <i>pregabalin cap 150 mg</i>   | Tier 1           | QLC (3 caps/day)                             |
| <i>pregabalin cap 200 mg</i>   | Tier 1           | QLC (3 caps/day)                             |
| <i>pregabalin cap 225 mg</i>   | Tier 1           | QLC (2 caps/day)                             |
| <i>pregabalin cap 25 mg</i>  | Tier 1           | QLC (3 caps/day)                             |
| <i>pregabalin cap 300 mg</i>   | Tier 1           | QLC (2 caps/day)                             |
| <i>pregabalin cap 50 mg</i>  | Tier 1           | QLC (3 caps/day)                             |
| <i>pregabalin cap 75 mg</i>  | Tier 1           | QLC (3 caps/day)                             |
| <i>pregabalin soln 20 mg/ml</i>  | Tier 1           | QLC (30 ml/day)                              |
| <i>pregabalin tab er 24hr 165 mg</i> (PREGABALIN ER)   | Tier 1           | PA, QLC (3 tabs/day)                         |
| <i>pregabalin tab er 24hr 330 mg</i> (PREGABALIN ER)   | Tier 1           | PA, QLC (2 tabs/day)                         |
| <i>pregabalin tab er 24hr 82.5 mg</i> (PREGABALIN ER)  | Tier 1           | PA, QLC (3 tabs/day)                         |
| SAVELLA ( <i>milnacipran hcl</i> ) 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB                 | Tier 3           | ST, QLC (2 tabs/day)                         |
| SAVELLA TITRATION PACK ( <i>milnacipran hcl</i> ) 12.5 & 25 & 50 MG MISC                         | Tier 3           | ST, QLC (55 tabs/28 days)                    |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |                  |  |
| AMPYRA ( <i>dalfampridine</i> ) 10 MG TAB ER 12H   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| AUBAGIO ( <i>teriflunomide</i> ) 14 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)  |
| AUBAGIO ( <i>teriflunomide</i> ) 7 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>           |
|---|------------------|---|
| AVONEX PEN ( <i>interferon beta-1a</i> ) 30 MCG/0.5ML AUT-IJ KIT                                      | Tier 4           | PA, S (Specialty Drug), QLC (4 injections/month)  |
| AVONEX PREFILLED ( <i>interferon beta-1a</i> ) ILLED 30 MCG/0.5ML SY KT                               | Tier 4           | PA, S (Specialty Drug), QLC (4 injections/month)  |
| BAFIERTAM ( <i>monomethyl fumarate</i> ) 95 MG CAP DR   | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 caps/day)      |
| BETASERON ( <i>interferon beta-1b</i> ) 0.3 MG KIT  | Tier 4           | PA, S (Specialty Drug), QLC (15 injections/month) |
| COPAXONE ( <i>glatiramer acetate</i> ) 20 MG/ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/day)       |
| COPAXONE ( <i>glatiramer acetate</i> ) 40 MG/ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug), QLC (12 syringes/month)   |
| <i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)   | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)          |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>   | Tier 1           | S (Specialty Drug), QLC (2 caps/day)              |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>   | Tier 1           | QLC (2 caps/day)                                  |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (DIMETHYL FUMARATE STARTER PACK) | Tier 1           | S (Specialty Drug), QLC (2 tabs/day)              |
| EXTAVIA ( <i>interferon beta-1b</i> ) 0.3 MG KIT  | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/month)         |
| <i>fingolimod hcl cap 0.5 mg (base equiv)</i>   | Tier 1           | S (Specialty Drug), QLC (1 cap/day)               |
| GILENYA ( <i>fingolimod hcl</i> ) 0.25 MG CAP, 0.5 MG CAP   | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day)           |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>   | Tier 2           | S (Specialty Drug), QLC (1 syringe/day)           |
| glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)  | Tier 2           | S (Specialty Drug), QLC (1 syringe/day)           |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>   | Tier 2           | S (Specialty Drug), QLC (12 syringes/month)       |
| glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)  | Tier 2           | S (Specialty Drug), QLC (12 syringes/month)       |
| KESIMPTA ( <i>ofatumumab (ms)</i> ) 20 MG/0.4ML SOLN -INJ   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/28 days)   |
| MAVENCLAD (10 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) MG THPK                             | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)        |
| MAVENCLAD (4 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) 10 MG THPK                           | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)        |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                             |
|---|------------------|---|
| MAVENCLAD (5 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) 10 MG THPK   | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)                          |
| MAVENCLAD (6 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) 10 MG THPK   | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)                          |
| MAVENCLAD (7 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) 10 MG THPK   | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)                          |
| MAVENCLAD (8 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) 10 MG THPK   | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)                          |
| MAVENCLAD (9 TABS) ( <i>cladribine (multiple sclerosis)</i> ) S) 10 MG THPK   | Tier 4           | PA, S (Specialty Drug), QLC (20 tabs/year)                          |
| MAYZENT ( <i>siponimod fumarate</i> ) 0.25 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day)                        |
| MAYZENT ( <i>siponimod fumarate</i> ) 1 MG TAB, 2 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)                         |
| MAYZENT STARTER PACK ( <i>siponimod fumarate</i> ) 0.25 MG TAB THPK   | Tier 4           | PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/year)  |
| MAYZENT STARTER PACK ( <i>siponimod fumarate</i> ) 12 X 0.25 MG TAB THPK  | Tier 4           | PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/year) |
| PLEGRIDY ( <i>peginterferon beta-1a</i> ) 125 MCG/0.5ML SOLN -INJ   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 pens/28 days)                    |
| PLEGRIDY ( <i>peginterferon beta-1a</i> ) 125 MCG/0.5ML SOLN PRSYR  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)                |
| PLEGRIDY STARTER PACK ( <i>peginterferon beta-1a</i> ) PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months)          |
| PONVORY ( <i>ponesimod</i> ) 20 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)                         |
| PONVORY STARTER PACK ( <i>ponesimod</i> ) 2-3-4-5-6-7-8-9 & 10 MG TAB THPK  | Tier 4           | PA, LA, S (Specialty Drug), QLC (14 tabs/30 days; max 2 fills/year) |
| REBIF ( <i>interferon beta-1a</i> ) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR                                    | Tier 4           | PA, S (Specialty Drug), QLC (12 injections/month)                   |
| REBIF REBIDOSE ( <i>interferon beta-1a</i> ) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ                             | Tier 4           | PA, S (Specialty Drug), QLC (12 injections/month)                   |
| REBIF REBIDOSE TITRATION PACK ( <i>interferon beta-1a</i> ) TITRATION PCK 6X8.8 & 6X22 MCG SOLN -INJ                    | Tier 4           | PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)      |
| REBIF TITRATION PACK ( <i>interferon beta-1a</i> ) 6X8.8 & 6X22 MCG SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)      |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                              |
|---|------------------|--|
| TASCENSO ODT ( <i>fingolimod lauryl sulfate</i> ) ODT 0.25 MG TAB DISP, ODT 0.5 MG TAB DISP | Tier 4           | PA, LA, QLC (1 tab/day)  |
| TECFIDERA ( <i>dimethyl fumarate</i> ) 120 & 240 MG CPDR THPK                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)                         |
| TECFIDERA ( <i>dimethyl fumarate</i> ) 120 MG CAP DR, 240 MG CAP DR                         | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day)                         |
| <i>teriflunomide tab 14 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                              |
| <i>teriflunomide tab 7 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                              |
| VUMERITY ( <i>diroximel fumarate</i> ) 231 MG CAP DR  | Tier 4           | PA, S (Specialty Drug), QLC (4 caps/day)                             |
| ZEPOSIA ( <i>ozanimod hcl</i> ) 0.92 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day)                          |
| ZEPOSIA 7-DAY STARTER PACK ( <i>ozanimod hcl</i> ) -4 X 0.23MG & 3 X 0.46MG CAP THPK        | Tier 4           | PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)   |
| ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> ) 0.23MG & 0.46MG & 0.92MG CAP THPK               | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year) |
| ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> ) 0.23MG & 0.46MG 0.92MG(21) CAP THPK             | Tier 4           | PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)  |

## **DENTAL AND ORAL AGENTS (Drugs for the Mouth)**

|  |        |
|--|--------|
| <i>cevimeline hcl cap 30 mg</i>                                | Tier 1 |
| EVOXAC ( <i>cevimeline hcl</i> ) 30 MG CAP                     | Tier 3 |
| <i>pilocarpine hcl tab 5 mg</i>                                | Tier 1 |
| <i>pilocarpine hcl tab 7.5 mg</i>                              | Tier 1 |
| SALAGEN ( <i>pilocarpine hcl (oral)</i> ) 5 MG TAB, 7.5 MG TAB | Tier 3 |
| <i>triamcinolone acetonide dental paste 0.1%</i>               | Tier 1 |
| triamcinolone acetonide dental paste 0.1% (Kourzeq)            | Tier 1 |
| triamcinolone acetonide dental paste 0.1% (Oralone)            | Tier 1 |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

## DERMATOLOGICAL AGENTS (Drugs for the Skin)

### ACNE AND ROSACEA AGENTS

|   |        |                                   |
|---|--------|-----------------------------------|
| ABSORICA ( <i>isotretinoin</i> ) 10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP | Tier 3 |                                   |
| ABSORICA LD ( <i>isotretinoin micronized</i> ) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP          | Tier 3 | PA                                |
| ACANYA ( <i>clindamycin phosphate-benzoyl peroxide</i> ) 1.2-2.5 % GEL                            | Tier 3 | ST                                |
| <i>acitretin cap 10 mg</i>  | Tier 1 | QLC (4 caps/day)                  |
| <i>acitretin cap 17.5 mg</i>  | Tier 1 | QLC (2 caps/day)                  |
| <i>acitretin cap 25 mg</i>  | Tier 1 | QLC (2 caps/day)                  |
| ADAPALENE 0.1 % PAD, 0.1 % SOLUTION   | Tier 1 | PA                                |
| <i>adapalene cream 0.1%</i>   | Tier 1 | AL1 (Up to 39 yrs old)            |
| <i>adapalene gel 0.3%</i>   | Tier 1 | AL1 (Up to 39 yrs old)            |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>  | Tier 1 | ST, AL1 (Up to 39 yrs old)        |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>  | Tier 1 | ST, AL1 (Up to 39 yrs old)        |
| AKLIEF ( <i>trifarotene</i> ) 0.005 % CREAM   | Tier 3 | PA, QLC (45 gm/30 days)           |
| ALTRENO ( <i>tretinoin</i> ) 0.05 % LOTION  | Tier 3 | AL1 (Up to 39 yrs old)            |
| AMZEEQ ( <i>minocycline hcl micronized (acne)</i> ) 4 % FOAM                                      | Tier 3 | PA, QLC (1 bottle/month)          |
| ARAZLO ( <i>tazarotene (acne)</i> ) 0.045 % LOTION  | Tier 3 | PA, QLC (1 bottle(45 gm)/30 days) |
| ATRALIN ( <i>tretinoin</i> ) 0.05 % GEL   | Tier 3 | PA                                |
| <i>azelaic acid gel 15%</i>   | Tier 1 | QLC (1 tube/month)                |
| AZELEX ( <i>azelaic acid (acne)</i> ) 20 % CREAM  | Tier 3 |                                   |
| BENZAACLIN ( <i>clindamycin phosphate-benzoyl peroxide</i> ) 1-5 % GEL                            | Tier 3 |                                   |
| BENZAACLIN WITH PUMP ( <i>clindamycin phosphate-benzoyl peroxide</i> ) 1-5 % GEL                  | Tier 3 |                                   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| BENZAMYCIN ( <i>benzoyl peroxide-erythromycin</i> ) 5-3 % GEL                                       | Tier 3           |   |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>   | Tier 1           |   |
| <i>brimonidine tartrate gel 0.33% (base equivalent)</i>   | Tier 3           | PA, QLC (1 tube/month)                  |
| CABTREO ( <i>adapalene-benzoyl peroxide-clindamycin phosphate</i> ) 0.15-3.1-1.2 % GEL              | Tier 3           | PA, QLC (one 50 gm/bottle/30 days)      |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX) | Tier 1           |   |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)                                 | Tier 3           |   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)             | Tier 1           |   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)         | Tier 1           | ST                                      |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)        | Tier 1           | ST, QLC (1 bottle/month)                |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (CLINDAMYCIN-TRETINOIN)                       | Tier 1           | ST                                      |
| DIFFERIN ( <i>adapalene</i> ) 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL                                  | Tier 3           | AL1 (Up to 39 yrs old)                  |
| EPIDUO ( <i>adapalene-benzoyl peroxide</i> ) 0.1-2.5 % GEL  | Tier 3           | ST, AL1 (Up to 39 yrs old)              |
| EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> ) 0.3-2.5 % GEL                                    | Tier 3           | ST, AL1 (Up to 39 yrs old)              |
| EPSOLAY ( <i>benzoyl peroxide</i> ) 5 % CREAM   | Tier 3           | PA, QLC (30 gm/30 days)                 |
| FABIOR ( <i>tazarotene (acne)</i> ) 0.1 % FOAM  | Tier 3           | PA, QLC (100 gm/month)                  |
| FINACEA ( <i>azelaic acid</i> ) 15 % FOAM   | Tier 3           | QLC (1 bottle/month)                    |
| FINACEA ( <i>azelaic acid</i> ) 15 % GEL  | Tier 3           | QLC (1 tube/month)                      |
| <i>isotretinoin cap 10 mg</i>   | Tier 1           |   |
| isotretinoin cap 10 mg (Accutane)   | Tier 1           |   |
| isotretinoin cap 10 mg (Amnesteem)  | Tier 1           |   |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| isotretinoin cap 10 mg (Claravis)  | Tier 1           |   |
| isotretinoin cap 10 mg (Myorisan)  | Tier 1           |   |
| isotretinoin cap 10 mg (Zenatane)  | Tier 1           |   |
| <b><i>isotretinoin cap 20 mg</i></b>   | Tier 1           |   |
| isotretinoin cap 20 mg (Accutane)  | Tier 1           |   |
| isotretinoin cap 20 mg (Amnesteem)   | Tier 1           |   |
| isotretinoin cap 20 mg (Claravis)  | Tier 1           |   |
| isotretinoin cap 20 mg (Myorisan)  | Tier 1           |   |
| isotretinoin cap 20 mg (Zenatane)  | Tier 1           |   |
| <b><i>isotretinoin cap 25 mg</i></b>   | Tier 1           |   |
| <b><i>isotretinoin cap 30 mg</i></b>   | Tier 1           |   |
| isotretinoin cap 30 mg (Accutane)  | Tier 1           |   |
| isotretinoin cap 30 mg (Claravis)  | Tier 1           |   |
| isotretinoin cap 30 mg (Myorisan)  | Tier 1           |   |
| isotretinoin cap 30 mg (Zenatane)  | Tier 1           |   |
| <b><i>isotretinoin cap 35 mg</i></b>   | Tier 1           |   |
| <b><i>isotretinoin cap 40 mg</i></b>   | Tier 1           |   |
| isotretinoin cap 40 mg (Accutane)  | Tier 1           |   |
| isotretinoin cap 40 mg (Amnesteem)   | Tier 1           |   |
| isotretinoin cap 40 mg (Claravis)  | Tier 1           |   |
| isotretinoin cap 40 mg (Myorisan)  | Tier 1           |   |
| isotretinoin cap 40 mg (Zenatane)  | Tier 1           |   |
| KLARON ( <i>sulfacetamide sodium (acne)</i> )<br>10 % LOTION   | Tier 3           |   |
| MIRVASO ( <i>brimonidine tartrate (topical)</i> )<br>0.33 % GEL  | Tier 3           | QLC (1 tube/month)                      |
| ONEXTON ( <i>clindamycin phosphate-benzoyl peroxide</i> ) 1.2-3.75 % GEL                               | Tier 3           | ST, QLC (1 bottle/month)                |
| RETIN-A ( <i>tretinoin</i> ) -0.01 % GEL, -0.025 %<br>CREM, -0.025 % GEL, -0.05 % CREM,<br>-0.1 % CREM | Tier 3           | AL1 (Up to 39 yrs old)                  |
| RETIN-A MICRO ( <i>tretinoin microsphere</i> )<br>-0.04 % GEL, -0.1 % GEL                              | Tier 3           | ST, AL1 (Up to 39 yrs old)              |

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Therapy

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|--|------------------|--|
| RETIN-A MICRO PUMP ( <i>tretinoin microsphere</i> ) -0.06 % GEL                        | Tier 3           | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month) |
| RETIN-A MICRO PUMP ( <i>tretinoin microsphere</i> ) -0.08 % GEL                        | Tier 3           | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month) |
| RETIN-A MICRO PUMP ( <i>tretinoin microsphere</i> ) -PUMP 0.04 % GEL, - PUMP 0.1 % GEL | Tier 3           | ST, AL1 (Up to 39 yrs old)                       |
| RHOFADE ( <i>oxymetazoline hcl (topical)</i> ) 1 % CREAM                               | Tier 3           | PA, QLC (one 30 gm tube/month)                   |
| <i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))            | Tier 1           |  |
| TAZAROTENE ( <i>tazarotene (acne)</i> ) 0.1 % FOAM                                     | Tier 3           | PA, QLC (100 gm/month)                           |
| <i>tazarotene cream 0.05%</i>  | Tier 1           |  |
| <i>tazarotene cream 0.1%</i>   | Tier 1           |  |
| <i>tazarotene gel 0.05%</i>  | Tier 1           |  |
| <i>tazarotene gel 0.1%</i>   | Tier 1           |  |
| TAZORAC ( <i>tazarotene</i> ) 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL         | Tier 3           |  |
| <i>tretinoin cream 0.025%</i>  | Tier 1           | AL1 (Up to 39 yrs old)                           |
| tretinoin cream 0.025% (Avita)   | Tier 3           | AL1 (Up to 39 yrs old)                           |
| <i>tretinoin cream 0.05%</i>   | Tier 1           | AL1 (Up to 39 yrs old)                           |
| <i>tretinoin cream 0.1%</i>  | Tier 1           | AL1 (Up to 39 yrs old)                           |
| <i>tretinoin gel 0.01%</i>   | Tier 1           | AL1 (Up to 39 yrs old)                           |
| <i>tretinoin gel 0.025%</i>  | Tier 1           | AL1 (Up to 39 yrs old)                           |
| tretinoin gel 0.025% (Avita)   | Tier 3           | AL1 (Up to 39 yrs old)                           |
| <i>tretinoin gel 0.05%</i>   | Tier 1           | PA   |
| <i>tretinoin microsphere gel 0.04%</i>   | Tier 3           | ST, AL1 (Up to 39 yrs old)                       |
| <i>tretinoin microsphere gel 0.04%</i> (TRETINOIN MICROSPHERE PUMP)                    | Tier 3           | ST, AL1 (Up to 39 yrs old)                       |
| <i>tretinoin microsphere gel 0.08%</i>   | Tier 1           | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month) |
| <i>tretinoin microsphere gel 0.08%</i> (TRETINOIN MICROSPHERE PUMP)                    | Tier 1           | ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month) |
| <i>tretinoin microsphere gel 0.1%</i>  | Tier 3           | ST, AL1 (Up to 39 yrs old)                       |
| <i>tretinoin microsphere gel 0.1%</i> (TRETINOIN MICROSPHERE PUMP)                     | Tier 3           | ST, AL1 (Up to 39 yrs old)                       |

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| <b>PRESCRIPTION DRUG NAME</b>                                     | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| VELTIN ( <i>clindamycin phosphate-tretinoin</i> ) 1.2-0.025 % GEL | Tier 3           | ST                                      |
| WINLEVI ( <i>clascoterone</i> ) 1 % CREAM                         | Tier 3           | PA, QLC (60 gm/30 days)                 |
| ZIANA ( <i>clindamycin phosphate-tretinoin</i> ) 1.2-0.025 % GEL  | Tier 3           | ST                                      |
| ZILXI ( <i>minocycline hcl micronized (rosacea)</i> ) 1.5 % FOAM  | Tier 3           | PA, QLC (1 bottle/30 days)              |

### **DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)**

|   |        |  |
|---|--------|--|
| ADBRY ( <i>tralokinumab-ldrm</i> ) 150 MG/ML SOLN PRSYR                                   | Tier 4 | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| ADBRY ( <i>tralokinumab-ldrm</i> ) DBRY 300 MG/2ML SOLN -INJ                              | Tier 4 | PA, S (Specialty Drug), QLC (2 pens/28 days)     |
| ALA SCALP ( <i>hydrocortisone (topical)</i> ) 2 % LOTION                                  | Tier 3 | ST   |
| ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT  | Tier 1 |  |
| <i>alclometasone dipropionate cream 0.05%</i>   | Tier 1 |  |
| <i>alclometasone dipropionate oint 0.05%</i>  | Tier 1 |  |
| AMCINONIDE 0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT                                      | Tier 1 | ST   |
| <i>amcinonide oint 0.1%</i>   | Tier 1 | ST   |
| ANUSOL-HC ( <i>hydrocortisone (rectal)</i> ) - 2.5 % CREAM                                | Tier 1 |  |
| APEXICON E ( <i>diflorasone diacetate emollient base</i> ) APXICON 0.05 % CREAM           | Tier 1 | ST   |
| BETAMETHASONE DIPROPIONATE AUG ( <i>betamethasone dipropionate augmented</i> ) 0.05 % GEL | Tier 1 |  |
| <i>betamethasone dipropionate augmented cream 0.05%</i>                                   | Tier 1 |  |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>                                  | Tier 1 |  |
| <i>betamethasone dipropionate augmented oint 0.05%</i>                                    | Tier 1 |  |
| <i>betamethasone dipropionate cream 0.05%</i>   | Tier 1 |  |
| <i>betamethasone dipropionate lotion 0.05%</i>  | Tier 1 |  |

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|--|------------------|---|
| <i>betamethasone dipropionate oint 0.05%</i>   | Tier 1           |   |
| <i>betamethasone valerate aerosol foam 0.12%</i>   | Tier 1           | ST                                      |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>                               | Tier 1           |   |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i>                              | Tier 1           |   |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>                                | Tier 1           |   |
| BRYHALI ( <i>halobetasol propionate</i> ) 0.01 % LOTION                                  | Tier 3           | PA, QLC (200 gm/28 days)                |
| BYLVAY ( <i>odevixibat</i> ) 1200 MCG CAP  | Tier 4           | PA, LA, QLC (5 caps/day)                |
| BYLVAY ( <i>odevixibat</i> ) 400 MCG CAP   | Tier 4           | PA, LA, QLC (15 caps/day)               |
| BYLVAY (PELLETS) ( <i>odevixibat</i> ) 200 MCG CAP SPRINK                                | Tier 4           | PA, LA, QLC (30 caps/day)               |
| BYLVAY (PELLETS) ( <i>odevixibat</i> ) 600 MCG CAP SPRINK                                | Tier 4           | PA, LA, QLC (10 caps/day)               |
| CAPEX ( <i>fluocinolone acetonide</i> ) 0.01 % SHAMPOO                                   | Tier 3           | PA                                      |
| <i>clobetasol propionate cream 0.05%</i>   | Tier 1           |   |
| <i>clobetasol propionate emollient base cream 0.05%</i>                                  | Tier 1           |   |
| <i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE) | Tier 1           |   |
| <i>clobetasol propionate emulsion foam 0.05%</i>   | Tier 1           | PA                                      |
| clobetasol propionate emulsion foam 0.05% (Tovet)  | Tier 1           | PA                                      |
| <i>clobetasol propionate foam 0.05%</i>  | Tier 1           | PA                                      |
| <i>clobetasol propionate gel 0.05%</i>   | Tier 1           |   |
| <i>clobetasol propionate lotion 0.05%</i>  | Tier 1           |   |
| <i>clobetasol propionate oint 0.05%</i>  | Tier 1           |   |
| <i>clobetasol propionate shampoo 0.05%</i>   | Tier 1           |   |
| clobetasol propionate shampoo 0.05% (Clodan)   | Tier 1           |   |
| <i>clobetasol propionate soln 0.05%</i>  | Tier 1           |   |

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|---|------------------|---|
| <i>clobetasol propionate spray 0.05%</i>  | Tier 1           | PA, QLC (125 ml/month)                  |
| CLOBEX ( <i>clobetasol propionate</i> ) 0.05 % LOTION, 0.05 % SHAMPOO   | Tier 3           |   |
| CLOBEX SPRAY ( <i>clobetasol propionate</i> ) 0.05 % LIQUID   | Tier 3           | PA, QLC (125 ml/month)                  |
| <i>clocortolone pivalate cream 0.1%</i>   | Tier 1           | ST                                      |
| CORDRAN ( <i>flurandrenolide</i> ) 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE | Tier 3           | PA                                      |
| CUTIVATE ( <i>fluticasone propionate</i> ) 0.05 % LOTION  | Tier 3           | ST                                      |
| DERMA-SMOOTHIE/FS BODY ( <i>fluocinolone acetonide</i> ) -0.01 % OIL  | Tier 3           |   |
| DERMA-SMOOTHIE/FS SCALP ( <i>fluocinolone acetonide</i> ) -0.01 % OIL   | Tier 2           |   |
| DESONATE ( <i>desonide</i> ) 0.05 % GEL   | Tier 3           | PA                                      |
| DESONIDE 0.05 % GEL   | Tier 1           | PA                                      |
| <i>desonide cream 0.05%</i>   | Tier 1           |   |
| <i>desonide gel 0.05%</i>   | Tier 1           | PA                                      |
| desonide gel 0.05% (Desrx)  | Tier 1           | PA                                      |
| <i>desonide lotion 0.05%</i>  | Tier 1           | ST                                      |
| <i>desonide oint 0.05%</i>  | Tier 1           |   |
| DESOWEN ( <i>desonide</i> ) 0.05 % CREAM  | Tier 3           |   |
| <i>desoximetasone cream 0.05%</i>   | Tier 1           | ST                                      |
| <i>desoximetasone cream 0.25%</i>   | Tier 1           | ST                                      |
| <i>desoximetasone gel 0.05%</i>   | Tier 1           | ST                                      |
| <i>desoximetasone oint 0.05%</i>  | Tier 1           | ST                                      |
| <i>desoximetasone oint 0.25%</i>  | Tier 1           | ST                                      |
| <i>desoximetasone spray 0.25%</i>   | Tier 1           | ST, QLC (1 bottle/month)                |
| DIFLORASONE DIACETATE 0.05 % CREAM  | Tier 1           | ST                                      |
| <i>diflorasone diacetate oint 0.05%</i>   | Tier 1           | ST                                      |
| DIPROLENE ( <i>betamethasone dipropionate augmented</i> ) 0.05 % OINTMENT                                       | Tier 3           |   |

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|--|------------------|--|
| DIPROLENE AF ( <i>betamethasone dipropionate augmented</i> ) 0.05 % CREAM          | Tier 3           |  |
| <i>doxepin hcl cream 5%</i>  | Tier 1           | PA   |
| EBGLYSS ( <i>lebrikizumab-lbkz</i> ) 250 MG/2ML SOLN -INJ                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 ml/28 days) |
| EBGLYSS ( <i>lebrikizumab-lbkz</i> ) 250 MG/2ML SOLN PRSYR                         | Tier 4           | PA, LA, S (Specialty Drug), QLC (2ml/28 days)  |
| ELIDEL ( <i>pimecrolimus</i> ) 1 % CREAM   | Tier 3           | QLC (100 gm/month)                             |
| EUCRISA ( <i>crisaborole</i> ) 2 % OINTMENT  | Tier 3           | PA, QLC (100 gm/month)                         |
| <i>fluocinolone acetonide cream 0.01%</i>  | Tier 1           |  |
| <i>fluocinolone acetonide cream 0.025%</i>   | Tier 1           |  |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY)   | Tier 1           |  |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP) | Tier 1           |  |
| <i>fluocinolone acetonide oint 0.025%</i>  | Tier 1           |  |
| <i>fluocinolone acetonide soln 0.01%</i>   | Tier 1           |  |
| FLUOCINONIDE 0.05 % GEL  | Tier 1           |  |
| <i>fluocinonide cream 0.05%</i>  | Tier 1           |  |
| <i>fluocinonide cream 0.1%</i>   | Tier 1           | PA   |
| <i>fluocinonide emulsified base cream 0.05%</i>                                    | Tier 1           |  |
| <i>fluocinonide gel 0.05%</i>  | Tier 1           |  |
| <i>fluocinonide oint 0.05%</i>   | Tier 1           |  |
| <i>fluocinonide soln 0.05%</i>   | Tier 1           |  |
| FLURANDRENOLIDE 0.05 % CREAM   | Tier 3           | PA   |
| FLURANDRENOLIDE 0.05 % LOTION  | Tier 1           | PA   |
| <i>flurandrenolide cream 0.05%</i>   | Tier 3           | PA   |
| flurandrenolide cream 0.05% (Nolix)  | Tier 3           | PA   |
| <i>flurandrenolide lotion 0.05%</i>  | Tier 1           | PA   |
| flurandrenolide lotion 0.05% (Nolix)   | Tier 1           | PA   |
| <i>flurandrenolide oint 0.05%</i>  | Tier 1           | PA   |

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|---|------------------|---|
| FLUTICASONE PROPIONATE 0.05 % LOTION  | Tier 1           | ST                                      |
| <i>fluticasone propionate cream 0.05%</i>   | Tier 1           |   |
| <i>fluticasone propionate lotion 0.05%</i>  | Tier 1           | ST                                      |
| fluticasone propionate lotion 0.05% (Beser)   | Tier 1           | ST                                      |
| <i>fluticasone propionate oint 0.005%</i>   | Tier 1           |   |
| HALCINONIDE 0.1 % SOLUTION  | Tier 3           | PA                                      |
| <i>halcinonide cream 0.1%</i>   | Tier 1           | PA                                      |
| <i>halobetasol propionate cream 0.05%</i>   | Tier 1           |   |
| <i>halobetasol propionate foam 0.05%</i>  | Tier 1           | PA, QLC (200 gm/28 days)                |
| <i>halobetasol propionate oint 0.05%</i>  | Tier 1           |   |
| HALOG ( <i>halcinonide</i> ) 0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION                            | Tier 3           | PA                                      |
| HYDROCORTISONE ( <i>hydrocortisone topical</i> ) 2 % LOTION   | Tier 3           | ST                                      |
| HYDROCORTISONE ( <i>hydrocortisone topical</i> ) 2.5 % LOTION                                       | Tier 1           |   |
| HYDROCORTISONE ( <i>hydrocortisone topical</i> ) 2.5 % SOLUTION                                     | Tier 1           | PA, QLC (30 ml bottle/30 days)          |
| <i>hydrocortisone acetate suppos 25 mg</i>  | Tier 1           |   |
| hydrocortisone acetate suppos 25 mg (Anucort-Hc)  | Tier 1           |   |
| hydrocortisone acetate suppos 25 mg (Anusol-Hc)   | Tier 1           | PA                                      |
| hydrocortisone acetate suppos 25 mg (Hemmorex-Hc)   | Tier 3           |   |
| HYDROCORTISONE BUTYR LIPO BASE ( <i>hydrocortisone butyrate hydrophilic lipo base</i> ) 0.1 % CREAM | Tier 1           | ST                                      |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM   | Tier 1           | ST                                      |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, 0.1 % SOLUTION  | Tier 1           |   |
| <i>hydrocortisone butyrate cream 0.1%</i>   | Tier 1           | ST                                      |

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|--|------------------|---|
| <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (HYDROCORTISONE BUTYR LIPO BASE) | Tier 1           | ST                                      |
| <i>hydrocortisone butyrate lotion 0.1%</i>   | Tier 1           | ST                                      |
| <i>hydrocortisone butyrate oint 0.1%</i>   | Tier 1           |   |
| <i>hydrocortisone cream 2.5%</i>   | Tier 1           |   |
| hydrocortisone cream 2.5% (Ala-Cort)   | Tier 1           |   |
| <i>hydrocortisone lotion 2.5%</i>  | Tier 1           |   |
| <i>hydrocortisone oint 2.5%</i>  | Tier 1           |   |
| <i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))                            | Tier 1           |   |
| hydrocortisone perianal cream 2.5% (Procto-Med Hc)   | Tier 1           |   |
| hydrocortisone perianal cream 2.5% (Proctosol Hc)  | Tier 1           |   |
| hydrocortisone perianal cream 2.5% (Proctozone-Hc)   | Tier 1           |   |
| <i>hydrocortisone valerate cream 0.2%</i>  | Tier 1           |   |
| <i>hydrocortisone valerate oint 0.2%</i>   | Tier 1           |   |
| IMPEKLO ( <i>clobetasol propionate</i> ) 0.15 MG/ACT (0.05%) LOTION                              | Tier 3           | PA, QLC (272 gm (4 bottles)/28 days)    |
| KENALOG ( <i>triamcinolone acetonide (topical)</i> ) 0.147 MG/GM AERO SOLN                       | Tier 3           | ST                                      |
| LEXETTE ( <i>halobetasol propionate</i> ) 0.05 % FOAM  | Tier 3           | PA, QLC (200 gm/28 days)                |
| LOCOID ( <i>hydrocortisone butyrate</i> ) 0.1 % LOTION   | Tier 3           | ST                                      |
| LOCOID LIPOCREAM ( <i>hydrocortisone butyrate hydrophilic lipo base</i> ) LIPO0.1 %              | Tier 3           | ST                                      |
| LUXIQ ( <i>betamethasone valerate</i> ) 0.12 % FOAM  | Tier 3           | ST                                      |
| <i>mometasone furoate cream 0.1%</i>   | Tier 1           |   |
| <i>mometasone furoate oint 0.1%</i>  | Tier 1           |   |
| <i>mometasone furoate solution 0.1% (lotion)</i>   | Tier 1           |   |
| OLUX ( <i>clobetasol propionate</i> ) 0.05 % FOAM  | Tier 3           | PA                                      |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>       |
|---|------------------|---|
| OLUX-E ( <i>clobetasol propionate emulsion</i> ) -0.05 % FOAM   | Tier 3           | PA  |
| PANDEL ( <i>hydrocortisone probutate</i> ) 0.1 % CREAM  | Tier 3           | PA  |
| <i>pimecrolimus cream 1%</i>  | Tier 1           | QLC (100 gm/month)                            |
| PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT   | Tier 1           |   |
| PROTOPIC ( <i>tacrolimus (topical)</i> ) 0.03 % OINTMENT  | Tier 3           | QLC (100 gm/month)                            |
| PROTOPIC ( <i>tacrolimus (topical)</i> ) 0.1 % OINTMENT   | Tier 3           | AL1 (At least 16 yrs old), QLC (100 gm/month) |
| PRUDOXIN ( <i>doxepin hcl (antipruritic)</i> ) 5 % CREAM  | Tier 3           | PA  |
| <i>selenium sulfide lotion 2.5%</i>   | Tier 1           | QLC (1 bottle/month)                          |
| SERNIVO ( <i>betamethasone dipropionate (topical)</i> ) 0.05 % EMULSION                                     | Tier 3           | PA, QLC (1 bottle/month)                      |
| SYNALAR ( <i>fluocinolone acetonide</i> ) 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT                  | Tier 3           |   |
| <i>tacrolimus oint 0.03%</i>  | Tier 1           | QLC (100 gm/month)                            |
| <i>tacrolimus oint 0.1%</i>   | Tier 1           | AL1 (At least 16 yrs old), QLC (100 gm/month) |
| TEMOVATE ( <i>clobetasol propionate</i> ) 0.05 % CREAM, 0.05 % OINTMENT                                     | Tier 3           |   |
| TEXACORT ( <i>hydrocortisone (topical)</i> ) 2.5 % SOLUTION   | Tier 3           | QLC (30 ml bottle/30 days)                    |
| TOPICORT ( <i>desoximetasone</i> ) 0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT | Tier 3           | ST  |
| TOPICORT SPRAY ( <i>desoximetasone</i> ) 0.25 % LIQUID  | Tier 3           | ST, QLC (1 bottle/month)                      |
| <i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>   | Tier 1           | ST  |
| <i>triamcinolone acetonide cream 0.025%</i>   | Tier 1           |   |
| <i>triamcinolone acetonide cream 0.1%</i>   | Tier 1           |   |
| triamcinolone acetonide cream 0.1% (Triderm)  | Tier 1           |   |
| <i>triamcinolone acetonide cream 0.5%</i>   | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>        |
|--|------------------|--|
| triamcinolone acetonide cream 0.5% (Triderm)                               | Tier 1           |  |
| <i>triamcinolone acetonide lotion 0.025%</i>                               | Tier 1           |  |
| <i>triamcinolone acetonide lotion 0.1%</i>                                 | Tier 1           |  |
| <i>triamcinolone acetonide oint 0.025%</i>                                 | Tier 1           |  |
| <i>triamcinolone acetonide oint 0.05%</i>                                  | Tier 1           | ST   |
| <i>triamcinolone acetonide oint 0.05%</i> (TRIAMCINOLONE IN ABSORBASE)     | Tier 1           | ST   |
| triamcinolone acetonide oint 0.05% (Trianex)                               | Tier 1           | ST   |
| triamcinolone acetonide oint 0.05% (Tritocin)                              | Tier 1           | ST   |
| <i>triamcinolone acetonide oint 0.1%</i>                                   | Tier 1           |  |
| <i>triamcinolone acetonide oint 0.5%</i>                                   | Tier 1           |  |
| ULTRAVATE ( <i>halobetasol propionate</i> ) 0.05 % LOTION                  | Tier 3           | ST, QLC (1 bottle (60ml) /month)               |
| VANOS ( <i>fluocinonide</i> ) 0.1 % CREAM                                  | Tier 3           | PA   |
| VERDESO ( <i>desonide</i> ) 0.05 % FOAM                                    | Tier 3           | PA   |
| VTAMA ( <i>tapinarof</i> ) 1 % CREAM                                       | Tier 3           | PA, QLC (60 gm/30 days)                        |
| ZONALON ( <i>doxepin hcl (antipruritic)</i> ) 5 % CREAM                    | Tier 3           | PA   |
| <b>DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)</b>             |                  |  |
| ALDARA ( <i>imiquimod</i> ) 5 % CREAM                                      | Tier 3           | QLC (24 packs/month, max of 48 packs/6 months) |
| ANALPRAM-HC ( <i>hydrocortisone acetate w/ pramoxine</i> ) -1-1 % CREAM    | Tier 3           |  |
| ANALPRAM-HC ( <i>hydrocortisone acetate w/ pramoxine</i> ) -2.5-1 % LOTION | Tier 2           |  |
| AVAR LS CLEANSER ( <i>sulfacetamide sodium w/ sulfur</i> ) 10-2 % LIQUID   | Tier 3           |  |
| AVAR-E LS ( <i>sulfacetamide sodium w/ sulfur</i> ) -10-2 % CREAM          | Tier 3           |  |
| CALCIPOTRIENE 0.005 % FOAM   | Tier 3           | PA   |
| CALCIPOTRIENE 0.005 % SOLUTION   | Tier 1           |  |
| <i>calcipotriene cream 0.005%</i>  | Tier 1           |  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>calcipotriene oint 0.005%</i>   | Tier 1           |   |
| calcipotriene oint 0.005% (Calcitrene)   | Tier 1           |   |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>   | Tier 1           |   |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i><br>(CALCIPOTRIENE-BETAMETH DIPROP) | Tier 1           | PA, QLC (400 gm/month)                  |
| <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i><br>(CALCIPOTRIENE-BETAMETH DIPROP) | Tier 1           | PA, QLC (400 gm/month)                  |
| CALCITRIOL ( <i>calcitriol (topical)</i> ) 3 MCG/GM OINTMENT   | Tier 2           | QLC (800 gm/month)                      |
| CARAC ( <i>fluorouracil (topical)</i> ) 0.5 % CREAM  | Tier 3           | PA, QLC (1 tube/30 days)                |
| CIBINQO ( <i>abrocitinib</i> ) 50 MG TAB, 100 MG TAB, 200 MG TAB                                     | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)                      | Tier 1           |   |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)                     | Tier 1           |   |
| CLOTRIMAZOLE-BETAMETHASONE ( <i>clotrimazole w/ betamethasone</i> ) -1-0.05 % LOTION                 | Tier 1           |   |
| CONDYLOX ( <i>podofilox</i> ) 0.5 % GEL  | Tier 3           | ST                                      |
| DOVONEX ( <i>calcipotriene</i> ) 0.005 % CREAM   | Tier 3           |   |
| DUOBRII ( <i>halobetasol propionate-tazarotene</i> ) 0.01-0.045 % LOTION                             | Tier 3           | PA, QLC (200 gm/28 days)                |
| EFUDEX ( <i>fluorouracil (topical)</i> ) 5 % CREAM   | Tier 3           |   |
| ENSTILAR ( <i>calcipotriene-betamethasone dipropionate</i> ) 0.005-0.064 % FOAM                      | Tier 3           | PA, QLC (420gm/30 days)                 |
| EPIFOAM ( <i>pramoxine-hc</i> ) 1  | Tier 2           |   |
| FLUOROPLEX ( <i>fluorouracil (topical)</i> ) 1 % CREAM   | Tier 3           | PA, QLC (1 tube/month)                  |
| FLUOROURACIL ( <i>fluorouracil (topical)</i> ) 0.5 % CREAM   | Tier 1           | PA, QLC (1 tube/30 days)                |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>              |
|---|------------------|--|
| FLUOROURACIL ( <i>fluorouracil (topical)</i> ) 2 % SOLUTION                               | Tier 1           |  |
| <i>fluorouracil cream 5%</i>  | Tier 1           |  |
| <i>fluorouracil soln 5%</i>   | Tier 1           |  |
| HYDROCORTISONE ACE-PRAMOXINE ( <i>hydrocortisone acetate w/ pramoxine</i> ) - 1-1 % CREAM | Tier 1           |  |
| HYFTOR ( <i>sirolimus (topical)</i> ) 0.2 % GEL   | Tier 4           | PA, LA, QLC (10 gm/30 days)                          |
| <i>imiquimod cream 3.75%</i>  | Tier 1           | ST, QLC (28 packets/month; max 56 packets/ 6 months) |
| <i>imiquimod cream 3.75%</i> (IMIQUIMOD PUMP)   | Tier 1           | ST, QLC (1 bottle/month, max of 2 bottles/6 months)  |
| <i>imiquimod cream 5%</i>   | Tier 1           | QLC (24 packs/month, max of 48 packs/6 months)       |
| KLISYRI (250 MG) ( <i>tirbanibulin</i> ) 1 % OINTMENT                                     | Tier 3           | PA, QLC (5 packets/30 days)                          |
| KLISYRI (350 MG) ( <i>tirbanibulin</i> ) 1 % OINTMENT                                     | Tier 3           | PA, QLC (5 packets/30 days)                          |
| LITFULO ( <i>ritlecitinib tosylate</i> ) 50 MG CAP  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 cap/day)          |
| METHOXSALLEN RAPID 10 MG CAP  | Tier 1           |  |
| <i>methoxsalen rapid cap 10 mg</i>  | Tier 1           |  |
| NEO-SYNALAR ( <i>neomycin sulfate-fluocinolone acetonide</i> ) -0.5-0.025 % CREAM         | Tier 3           | PA, QLC (1 tube/month)                               |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>                                  | Tier 1           |  |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>                                   | Tier 1           |  |
| OPZELURA ( <i>ruxolitinib phosphate (topical)</i> ) 1.5 % CREAM                           | Tier 3           | PA, QLC (240 gm/30 days)                             |
| OTEZLA ( <i>apremilast</i> ) 20 MG TAB, 30 MG TAB   | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)             |
| OVACE PLUS ( <i>sulfacetamide sodium</i> ) 10 % CREAM, 10 % SHAMPOO                       | Tier 3           |  |
| OVACE PLUS ( <i>sulfacetamide sodium</i> ) 9.8 % LOTION                                   | Tier 3           | QLC (1 bottle (57gm))/month)                         |
| OVACE PLUS WASH ( <i>sulfacetamide sodium</i> ) 10 % GEL                                  | Tier 3           | ST, QLC (1 bottle/month)                             |

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|---|------------------|---|
| OVACE PLUS WASH ( <i>sulfacetamide sodium</i> ) 10 % LIQUID                         | Tier 3           |   |
| OVACE WASH ( <i>sulfacetamide sodium</i> ) 10 % LIQUID                              | Tier 3           |   |
| OXSORALEN ULTRA ( <i>methoxsalen rapid</i> ) 10 MG CAP                              | Tier 3           |   |
| PICATO ( <i>ingenol mebutate</i> ) 0.015 % GEL                                      | Tier 3           | QLC (3 doses/month)                     |
| PICATO ( <i>ingenol mebutate</i> ) 0.05 % GEL                                       | Tier 3           | QLC (2 doses/month)                     |
| PLEXION ( <i>sulfacetamide sodium w/ sulfur</i> ) 9.8-4.8 % CREAM, 9.8-4.8 % LOTION | Tier 3           | ST, QLC (1 bottle/month)                |
| PLEXION CLEANSER ( <i>sulfacetamide sodium w/ sulfur</i> ) 9.8-4.8 % LIQUID         | Tier 3           | ST, QLC (1 bottle/month)                |
| PLEXION CLEANSING CLOTH ( <i>sulfacetamide sodium w/ sulfur</i> ) 9.8-4.8 % PAD     | Tier 3           | ST, QLC (1 box/month)                   |
| PODOFILOX 0.5 % SOLUTION  | Tier 1           |   |
| <i>podofilox gel 0.5%</i>   | Tier 1           | ST                                      |
| <i>podofilox soln 0.5%</i>  | Tier 1           |   |
| PRAMOSONE ( <i>pramoxine-hc</i> ) 1-1 % CREAM                                       | Tier 3           |   |
| PRAMOSONE ( <i>pramoxine-hc</i> ) 1-1 % LOTION, 1-2.5 % LOTION                      | Tier 2           |   |
| PROCTOFOAM HC ( <i>hydrocortisone acetate w/ pramoxine</i> ) PROCTO1                | Tier 2           |   |
| REGRANEX ( <i>becaplermin</i> ) 0.01 % GEL  | Tier 2           | PA, QLC (15 gm/30 days)                 |
| SALEX ( <i>salicylic acid</i> ) 6 % SHAMPOO   | Tier 3           |   |
| SALICYLIC ACID 26 % SOLUTION  | Tier 1           |   |
| <i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)       | Tier 1           |   |
| <i>salicylic acid foam 6%</i>   | Tier 1           |   |
| <i>salicylic acid shampoo 6%</i>  | Tier 1           |   |
| salicylic acid shampoo 6% (Keralyt)   | Tier 1           |   |
| SALVAX ( <i>salicylic acid</i> ) 6 % FOAM   | Tier 3           |   |
| SANTYL ( <i>collagenase</i> ) 250 UNIT/GM OINTMENT                                  | Tier 2           | QLC (180 grams/month)                   |

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|--|------------------|---|
| SILVADENE ( <i>silver sulfadiazine</i> ) 1% CREAM  | Tier 3           |   |
| <i>silver sulfadiazine cream 1%</i>  | Tier 1           |   |
| silver sulfadiazine cream 1% (Ssd)   | Tier 1           |   |
| SODIUM SULFACETAMIDE-BAKUCHIOL ( <i>sulfacetamide sodium in bakuchiol vehicle</i> ) -10 % LIQUID | Tier 1           |   |
| SORILUX ( <i>calcipotriene</i> ) 0.005 % FOAM  | Tier 3           | PA                                      |
| SSS 10-5 ( <i>sulfacetamide sodium w/ sulfur</i> ) --% FOAM                                      | Tier 1           |   |
| <i>sulfacetamide sodium cleansing gel 10%</i>  | Tier 1           | ST, QLC (1 bottle/month)                |
| <i>sulfacetamide sodium cleansing gel 10%</i> (SULFACETAMIDE SODIUM (CLEANS))                    | Tier 1           | ST, QLC (1 bottle/month)                |
| <i>sulfacetamide sodium liquid 10%</i>   | Tier 1           |   |
| <i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)                               | Tier 1           |   |
| <i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)                                   | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)               | Tier 1           |   |
| sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)                                    | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)               | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)                | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)            | Tier 1           | ST, QLC (1 bottle/month)                |
| <i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR)          | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)                  | Tier 1           |   |
| sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Emollient)                                    | Tier 1           |   |

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|--|------------------|---|
| sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Green)                            | Tier 1           |   |
| sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)                                | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)      | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)   | Tier 1           | ST, QLC (1 bottle/month)                |
| sulfacetamide sodium w/ sulfur emulsion 10-1% (Bp 10-1)                              | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (SULFAMEZ WASH)                 | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur lotion 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)     | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)  | Tier 1           | ST, QLC (1 bottle/month)                |
| <i>sulfacetamide sodium w/ sulfur susp 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)       | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)        | Tier 1           |   |
| sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)                          | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SOD-SULFUR WASH)      | Tier 1           |   |
| <i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)        | Tier 1           |   |
| SULFACETAMIDE SODIUM-SULFUR ( <i>sulfacetamide sodium w/ sulfur</i> ) -10-2 % CREAM  | Tier 1           |   |
| SULFACETAMIDE SODIUM-SULFUR ( <i>sulfacetamide sodium w/ sulfur</i> ) -9.8-4.8 % PAD | Tier 3           | ST, QLC (1 box/month)                   |
| SUMAXIN ( <i>sulfacetamide sodium w/ sulfur</i> ) 10-4 % PAD                         | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                |
|---|------------------|--|
| SUMAXIN WASH ( <i>sulfacetamide sodium w/ sulfur</i> ) 9-4 % LIQUID   | Tier 3           |  |
| TACLONEX ( <i>calcipotriene-betamethasone dipropionate</i> ) 0.005-0.064 % OINTMENT, 0.005-0.064 % SUSPENSION | Tier 3           | PA, QLC (400 gm/month)                                 |
| TOLAK ( <i>fluorouracil (topical)</i> ) 4 % CREAM   | Tier 2           | QLC (1 tube/month)                                     |
| TWYNEO ( <i>tretinoin-benzoyl peroxide</i> ) 0.1-3 % CREAM  | Tier 3           | PA, QLC (30 gm/30 days)                                |
| VALCHLOR ( <i>mechlorethamine hcl (topical)</i> ) 0.016 % GEL   | Tier 4           | PA, LA, QLC (1 tube/month)                             |
| VECTICAL ( <i>calcitriol (topical)</i> ) 3 MCG/GM OINTMENT  | Tier 3           | QLC (800 gm/month)                                     |
| VEREGEN ( <i>sinecatechins</i> ) 15 % OINTMENT  | Tier 3           | ST, QLC (1 tube/month, not to exceed 4 tubes/6 months) |
| VIRASAL ( <i>salicylic acid</i> ) 27.5 % LIQUID   | Tier 3           |  |
| XERESE ( <i>acyclovir-hydrocortisone</i> ) 5-1 % CREAM  | Tier 3           | PA, QLC (5 gm/30 days, max 30 gm/year)                 |
| ZORYVE ( <i>roflumilast (antiseborrheic)</i> ) 0.3 % FOAM   | Tier 3           | PA, QLC (60 gm/30 days)                                |
| ZORYVE ( <i>roflumilast (dermatologic)</i> ) 0.15 % CREAM   | Tier 3           | PA, QLC (60g/30 days)                                  |
| ZORYVE ( <i>roflumilast (topical)</i> ) 0.3 % CREAM   | Tier 3           | PA, QLC (60 gm/30 days)                                |
| ZYCLARA ( <i>imiquimod</i> ) 3.75 % CREAM   | Tier 3           | ST, QLC (28 packets/month, max of 56 packets/6 months) |
| ZYCLARA PUMP ( <i>imiquimod</i> ) 2.5 % CREAM   | Tier 3           | ST, QLC (1 bottle/month, max of 2 bottles/6 months)    |
| ZYCLARA PUMP ( <i>imiquimod</i> ) 3.75 % CREAM  | Tier 3           | ST, QLC (1 bottle/month, max of 2 bottles/6 months)    |

### **PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)**

|  |        |                                 |
|--|--------|---------------------------------|
| CROTAN ( <i>crotamiton</i> ) 10 % LOTION | Tier 1 | PA, QLC (237 gm/30 days)        |
| ELIMITE ( <i>permethrin</i> ) 5 % CREAM  | Tier 3 |                                 |
| <i>ivermectin cream 1%</i>               | Tier 1 | PA, QLC (1 bottle (45gm)/month) |
| LINDANE 1 % SHAMPOO                      | Tier 1 |                                 |
| <i>malathion lotion 0.5%</i>             | Tier 1 |                                 |

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| <b>PRESCRIPTION DRUG NAME</b>                       | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| NATROBA ( <i>spinosad</i> ) 0.9 % SUSPENSION        | Tier 3           | QLC (1 bottle/fill)                     |
| OVIDE ( <i>malathion</i> ) 0.5 % LOTION             | Tier 3           |   |
| <i>permethrin cream 5%</i>                          | Tier 1           |   |
| SOOLANTRA ( <i>ivermectin (rosacea)</i> ) 1 % CREAM | Tier 3           | PA, QLC (1 bottle (45gm)/month)         |
| SPINOSAD 0.9 % SUSPENSION                           | Tier 1           | QLC (1 bottle/fill)                     |

### **TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)**

|   |        |                                       |
|---|--------|---------------------------------------|
| <i>acyclovir cream 5%</i>                                       | Tier 1 | PA, QLC (5 gm/30 days, max 30gm/year) |
| <i>acyclovir oint 5%</i>  | Tier 1 | QLC (30gm/30 days, max 180gm/year)    |
| ACZONE ( <i>dapsone (topical)</i> ) 5 % GEL, 7.5 % GEL          | Tier 3 | ST, QLC (90 gm/month)                 |
| ALTABAX ( <i>retapamulin</i> ) 1 % OINTMENT                     | Tier 3 | ST, QLC (30 gm/60 days)               |
| CENTANY ( <i>mupirocin</i> ) 2 % OINTMENT                       | Tier 3 |                                       |
| <i>ciclopirox gel 0.77%</i>                                     | Tier 1 |                                       |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i>              | Tier 1 |                                       |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>               | Tier 1 |                                       |
| <i>ciclopirox shampoo 1%</i>                                    | Tier 1 |                                       |
| <i>ciclopirox solution 8%</i>                                   | Tier 1 |                                       |
| ciclopirox solution 8% (Ciclodan)                               | Tier 1 |                                       |
| CLEOCIN-T ( <i>clindamycin phosphate (topical)</i> ) -1 % LOION | Tier 3 |                                       |
| CLINDAGEL ( <i>clindamycin phosphate (topical)</i> ) 1 %        | Tier 3 |                                       |
| <i>clindamycin phosphate foam 1%</i>                            | Tier 1 | PA, QLC (1 can/month)                 |
| clindamycin phosphate foam 1% (Clindacin)                       | Tier 1 | PA, QLC (1 can/month)                 |
| <i>clindamycin phosphate gel 1%</i>                             | Tier 1 |                                       |
| <i>clindamycin phosphate lotion 1%</i>                          | Tier 1 |                                       |
| <i>clindamycin phosphate soln 1%</i>                            | Tier 1 |                                       |
| <i>clindamycin phosphate swab 1%</i>                            | Tier 1 |                                       |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| clindamycin phosphate swab 1% (Clindacin Etz)                        | Tier 1           |   |
| clindamycin phosphate swab 1% (Clindacin-P)                          | Tier 1           |   |
| <i>dapsone gel 5%</i>  | Tier 1           | ST, QLC (90 gm/month)                   |
| <i>dapsone gel 7.5%</i>  | Tier 1           | ST, QLC (90 gm/month)                   |
| DENAVIR ( <i>penciclovir</i> ) 1 % CREAM                             | Tier 3           | PA, QLC (5gm/30 days, max 30gm/year)    |
| ERY ( <i>erythromycin (acne aid)</i> ) 2 % PAD                       | Tier 1           |   |
| ERYGEL ( <i>erythromycin (acne aid)</i> ) 2 %                        | Tier 3           |   |
| <i>erythromycin gel 2%</i>   | Tier 1           |   |
| <i>erythromycin soln 2%</i>  | Tier 1           |   |
| EVOCLIN ( <i>clindamycin phosphate (topical)</i> ) 1 % FOAM          | Tier 3           | PA, QLC (1 can/month)                   |
| LOPROX ( <i>ciclopirox olamine</i> ) 0.77 % CREAM, 0.77 % SUSPENSION | Tier 3           |   |
| LOPROX ( <i>ciclopirox</i> ) 1 % SHAMPOO                             | Tier 3           |   |
| MAFENIDE ACETATE 5 % PACKET  | Tier 1           |   |
| <i>mafenide acetate packet for topical soln 5% (50 gm)</i>           | Tier 1           |   |
| <i>mupirocin calcium cream 2%</i>                                    | Tier 1           | PA                                      |
| <i>mupirocin oint 2%</i>   | Tier 1           |   |
| <i>penciclovir cream 1%</i>  | Tier 1           | PA, QLC (5gm/30 days, max 30gm/year)    |
| SULFAMYLON ( <i>mafenide acetate</i> ) 5 % PACKET, 85 MG/GM CREAM    | Tier 3           |   |
| XEPI ( <i>ozenoxacin</i> ) 1 % CREAM                                 | Tier 3           | ST, QLC (1 tube/60 days)                |
| ZOVIRAX ( <i>acyclovir topical</i> ) 5 % CREAM                       | Tier 3           | PA, QLC (5 gm/30 days, max 30gm/year)   |
| ZOVIRAX ( <i>acyclovir topical</i> ) 5 % OINTMENT                    | Tier 3           | PA, QLC (30gm/30 days, max 180gm/year)  |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

|  |        |                           |
|--|--------|---------------------------|
| <i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)       | Tier 1 | ACA (Preventive Health)   |
| ATABEX EC ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> ) AEX 29-1 MG DR                  | Tier 3 |                           |
| ATABEX OB ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) AEX 29-1 MG                    | Tier 1 |                           |
| AZESCHEW PRENATAL/POSTNATAL ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> ) 13-1 MG TAB    | Tier 3 | PA, QLC (60 tabs/30 days) |
| AZESCO ( <i>prenatal vit w/ ferrous gluconate-folic acid</i> ) 13-1 MG TAB                             | Tier 3 | PA                        |
| C-NATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) -28-1-200 MG AP          | Tier 1 |                           |
| CITRANATAL HARMONY ( <i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i> ) 27-1-260 MG CAP | Tier 3 | PA                        |
| CITRANATAL MEDLEY ( <i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i> ) 27-1-200 MG CAP      | Tier 3 |                           |
| CITRANATAL RX ( <i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i> ) 27-1 MG TAB         | Tier 3 | PA                        |
| CO-NATAL FA ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) - TAB                               | Tier 1 |                           |
| COMPLETENATE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 29-1 MG CHEW TAB                   | Tier 1 |                           |
| CONCEPT DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) 53.5-38-1 MG CAP      | Tier 1 |                           |
| CONCEPT OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 130-92.4-1 MG CAP    | Tier 1 |                           |
| DERMACINRX PRETRATE ( <i>prenatal multivit-min w/fe-fa</i> ) 1 MG TAB                                  | Tier 3 | PA, QLC (1 tab/day)       |

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|--|------------------|--|
| EFFER-K ( <i>potassium bicarbonate-citric acid</i> ) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB                                | Tier 3           |  |
| ELITE-OB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) -50-1.25 MG TAB   | Tier 1           |  |
| FLORIVA ( <i>pediatric multiple vitamins &amp; minerals w/ fluoride</i> ) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB | Tier 3           | ACA (Preventive Health)                  |
| FLORIVA ( <i>sodium fluoride-vitamin d</i> ) 0.25-400 MG-UNIT/ML LIQUID  | Tier 3           | ACA (Preventive Health)                  |
| FLORIVA PLUS ( <i>pediatric multivitamins w/f</i> ) 0.25 MG/ML SOLUTION  | Tier 3           | ACA (Preventive Health)                  |
| FOLIVANE-OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) -85-1 MG CAP                            | Tier 1           |  |
| GALZIN ( <i>zinc acetate (oral)</i> ) 25 MG CAP, 50 MG CAP   | Tier 3           |  |
| INATAL GT ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> ) TAB   | Tier 3           |  |
| JENLIVA PRENATAL/POSTNATAL ( <i>prenatal multivit-min w/fe-fa</i> ) 1 MG CAP   | Tier 3           | PA                                       |
| K-TAB ( <i>potassium chloride</i> ) -TAB 8 TAB ER, -TAB 10 TAB ER, -TAB 20 TAB ER  | Tier 3           |  |
| KOSHER PRENATAL PLUS IRON ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 30-1 MG TAB                                  | Tier 3           |  |
| M-NATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) -27-1 G TAB  | Tier 1           |  |
| MATERNACEL ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) 20-1 MG TAB                                       | Tier 3           | PA, QLC (1 tab/day)                      |
| MULTI-MAC ( <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> ) -15-0.75-1 MG TAB                          | Tier 3           | PA                                       |
| MULTI-VIT-FLOR ( <i>pediatric multivitamins w/f</i> ) --0.25 MG CHEW TAB   | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| MULTI-VIT-FLOR ( <i>pediatric multivitamins w/f</i> ) --0.5 MG CHEW TAB, --1 MG CHEW TAB                                   | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |

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|--|------------------|--|
| MULTI-VITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fi</i> ) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION | Tier 1           | ACA (Preventive Health)                  |
| MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fi</i> ) 0.25 MG CHEW TAB                         | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fi</i> ) 0.5 MG CHEW TAB                          | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fi</i> ) 1 MG CHEW TAB                            | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fi</i> ) 0.25 MG CHEW TAB                           | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fi</i> ) 0.5 MG CHEW TAB, 1 MG CHEW TAB             | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |
| NAFRINSE DROPS ( <i>sodium fluoride</i> ) 0.275 (0.125 F) MG/DROP SOLUTION                               | Tier 1           | ACA (Preventive Health)                  |
| NATACHEW ( <i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i> ) NATA28-1 MG TAB            | Tier 3           | QLC (1 tab/day)                          |
| NATAL PNV ( <i>prenatal vit w/ ferrous gluconate-folic acid</i> ) 6-0.5 MG TAB                           | Tier 3           |  |
| NATALVIT ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB                                      | Tier 3           |  |
| NEEVO DHA ( <i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i> ) 27-1.13 MG CAP          | Tier 3           |  |
| NEO-VITAL RX ( <i>prenatal multivit-min w/fe-fa</i> ) -1 MG TAB  | Tier 3           | QLC (1 tab/day)                          |
| NEONATAL COMPLETE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                     | Tier 1           |  |
| NEONATAL COMPLETE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 29-1 MG TAB                     | Tier 3           |  |
| NEONATAL FE ( <i>prenatal multivitamins w/ iron-folic acid</i> ) 90-1 MG TAB                             | Tier 3           |  |
| NEONATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                         | Tier 1           |  |
| NESTABS ( <i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i> ) NESS 32-1 MG                 | Tier 2           | QLC (1 tab/day)                          |

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|--|------------------|---|
| NESTABS ONE ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i> ) 38-1-225 MG CAP                       | Tier 3           |   |
| NIVA-PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) -27-1 MG TAB  | Tier 1           |   |
| OB COMPLETE ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 50-1.25 MG TAB                                       | Tier 3           |   |
| OB COMPLETE ONE ( <i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i> ) 50-1-476 MG CAP              | Tier 3           |   |
| OB COMPLETE PETITE ( <i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i> ) 35-5-1-200 MG CAP          | Tier 3           |   |
| OB COMPLETE PREMIER ( <i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i> ) 30-20-1 MG TAB                   | Tier 3           |   |
| OB COMPLETE/DHA ( <i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i> ) 30-10-1-200 MG CAP            | Tier 3           |   |
| OBSTETRIX EC (WITH DOCUSATE) ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> ) 29-1 MG TAB                | Tier 3           |   |
| OBSTETRIX ONE (WITH DOCUSATE) ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i> ) 38-1-225 MG CAP | Tier 3           | PA                                      |
| ONE VITE WOMENS PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                              | Tier 1           |   |
| PNV TABS 20-1 ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) S --MG                                   | Tier 3           | PA, QLC (1 tab/day)                     |
| PNV TABS 29-1 ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) S --MG   | Tier 1           |   |
| PNV-DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) -27-0.6-0.4-300 MG CAP                    | Tier 1           |   |
| PNV-DHA+DOCUSATE ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> ) -27-1.25-300 MG CAP                         | Tier 3           | PA                                      |
| PNV-OMEGA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) -28-0.6-0.4-340 MG CAP              | Tier 1           |   |

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|--|------------------|--|
| PNV-SELECT ( <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> ) -27-0.6-0.4 MG TAB            | Tier 2           |  |
| POLY-VI-FLOR ( <i>pediatric multivitamins w/fl</i> ) --0.25 MG CHEW TAB  | Tier 3           | ACA (Preventive Health), QLC (1 tab/day) |
| POLY-VI-FLOR ( <i>pediatric multivitamins w/fl</i> ) --0.25 MG/ML SUSPENSION                                   | Tier 3           | ACA (Preventive Health)                  |
| POLY-VI-FLOR ( <i>pediatric multivitamins w/fl</i> ) --0.5 MG CHEW TAB, --1 MG CHEW TAB                        | Tier 3           | ACA (Preventive Health), QLC (1 tab/day) |
| POLY-VI-FLOR/IRON ( <i>ped multivitamins w/fl &amp; iron</i> ) --0.25-7 MG/ML SUSPENSION, --0.5-10 MG CHEW TAB | Tier 3           | ACA (Preventive Health)                  |
| potassium bicarbonate effer tab 25 meq (Effer-K)   | Tier 1           |  |
| <i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)  | Tier 1           |  |
| potassium bicarbonate effer tab 25 meq (Klor-Con/ef)   | Tier 1           |  |
| <i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)  | Tier 1           |  |
| <i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)   | Tier 1           |  |
| POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 15 TAB ER  | Tier 1           |  |
| potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)   | Tier 1           |  |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRYSTALS ER)                | Tier 1           |  |
| potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)   | Tier 1           |  |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRYSTALS ER)                | Tier 1           |  |
| potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)   | Tier 1           |  |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRYSTALS ER)                | Tier 1           |  |

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|---|------------------|---|
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>   | Tier 1           | PA                                      |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i>   | Tier 1           | PA                                      |
| <i>potassium chloride powder packet 20 meq</i>  | Tier 1           |   |
| potassium chloride powder packet 20 meq (Klor-Con)  | Tier 1           |   |
| potassium chloride tab er 10 meq (Klor-Con 10)  | Tier 1           |   |
| <i>potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER)</i>                                   | Tier 1           |   |
| <i>potassium chloride tab er 20 meq (1500 mg)(POTASSIUM CHLORIDE ER)</i>                          | Tier 1           |   |
| potassium chloride tab er 8 meq (600 mg) (Klor-Con)   | Tier 1           |   |
| <i>potassium chloride tab er 8 meq (600 mg)(POTASSIUM CHLORIDE ER)</i>                            | Tier 1           |   |
| <i>potassium citrate tab er 10 meq (1080 mg)(POTASSIUM CITRATE ER)</i>                            | Tier 1           |   |
| <i>potassium citrate tab er 15 meq (1620 mg)(POTASSIUM CITRATE ER)</i>                            | Tier 1           |   |
| <i>potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER) (40</i>                         | Tier 1           |   |
| PREGEN DHA ( <i>prenatal mv &amp; min w/fe carbonyl-fa-dha</i> ) 28-1-35 MG CAP                   | Tier 3           | PA, QLC (1 cap/day)                     |
| PREGENNA ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) 20-1 MG TAB                | Tier 3           | PA, QLC (1 tab/day)                     |
| PRENA1 PEARL ( <i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i> ) 30-1.4-200 MG CAP | Tier 2           |   |
| PRENAISSANCE ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> ) 29-1.25-325 MG CAP           | Tier 1           |   |
| PRENAISSANCE PLUS ( <i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i> ) 28-1-250 MG CAP         | Tier 3           |   |
| PRENARA ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 15-1 MG CAP                        | Tier 3           | PA, QLC (1 cap/day)                     |

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|--|------------------|---|
| PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                                | Tier 1           |   |
| PRENATAL 19 ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> ) 9 29-MG TAB                         | Tier 1           |   |
| PRENATAL 19 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 19 CHEW TAB, 19 29-1 MG CHEW TAB        | Tier 1           |   |
| PRENATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                           | Tier 1           |   |
| PRENATAL PLUS IRON ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 29-1 MG TAB                         | Tier 1           |   |
| PRENATAL PLUS VITAMIN/MINERAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB           | Tier 1           |   |
| PRENATAL VITAMIN PLUS LOW IRON ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB          | Tier 1           |   |
| PRENATAL-U ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> ) -106.5-1 MG CAP                     | Tier 1           |   |
| PRENATE DHA ( <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i> ) 18-0.6-0.4-300 MG CAP       | Tier 3           |   |
| PRENATE ELITE ( <i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i> ) 20-0.6-0.4 MG TAB      | Tier 3           |   |
| PRENATE ENHANCE ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 28-0.6-0.4-400 MG CAP   | Tier 2           |   |
| PRENATE ESSENTIAL ( <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i> ) 18-0.6-0.4-300 MG CAP | Tier 3           |   |
| PRENATE MINI ( <i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i> ) 18-0.6-0.4-350 MG CAP | Tier 3           |   |
| PRENATE PIXIE ( <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i> ) 10-0.6-0.4-200 MG CAP     | Tier 3           |   |
| PRENATE RESTORE ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 27-0.6-0.4-400 MG CAP   | Tier 3           |   |
| PRENATOL-M ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) -27-1.2 G TAB                            | Tier 3           | PA                                      |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|--|------------------|--|
| PRENATRIX ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                             | Tier 3           | PA, QLC (1 tab/day)                      |
| PRENATRYL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                             | Tier 3           | PA, QLC (1 tab/day)                      |
| PRENATVITE COMPLETE ( <i>prenatal multivit-min w/fe-fa</i> ) 1 MG TAB                                    | Tier 3           | QLC (1 tab/day)                          |
| PRENATVITE PLUS ( <i>prenatal multivit-min w/fe-fa</i> ) 1 MG TAB  | Tier 2           | QLC (1 tab/day)                          |
| PREPLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                               | Tier 1           |  |
| PRETAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) PRE29-1 MG                                 | Tier 1           |  |
| PRIMACARE ( <i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i> ) 30-1-470 MG CAP         | Tier 3           |  |
| PROVIDA OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 20-20-1.25 MG CAP      | Tier 1           |  |
| QUFLORA FE PEDIATRIC ( <i>ped multivitamins w/fl &amp; iron</i> ) 0.25-9.5 MG/ML LIQUID                  | Tier 3           | ACA (Preventive Health)                  |
| QUFLORA GUMMIES ( <i>pediatric multivitamins w/fl</i> ) 0.125 MG CHEW TAB                                | Tier 3           | ACA (Preventive Health)                  |
| QUFLORA PEDIATRIC ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB                               | Tier 3           | ACA (Preventive Health), QLC (1 tab/day) |
| QUFLORA PEDIATRIC ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION        | Tier 3           | ACA (Preventive Health)                  |
| QUFLORA PEDIATRIC ( <i>pediatric multivitamins w/fl</i> ) 0.5 MG CHEW TAB, 1 MG CHEW TAB                 | Tier 3           | ACA (Preventive Health), QLC (1 tab/day) |
| RELNATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP           | Tier 2           |  |
| SE-NATAL 19 ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> ) -9 29-MG TAB                      | Tier 1           |  |
| SE-NATAL 19 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) -9 29-MG CHEW TAB                     | Tier 1           |  |
| SELECT-OB ( <i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i> ) -29-0.6-0.4 MG CHEW TAB | Tier 3           | QLC (1 tab/day)                          |

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|---|------------------|---|
| SELECT-OB ( <i>prenatal vit w/ iron polysaccharide complex-folic acid</i> ) -29-1 MG CHEW TAB         | Tier 1           | QLC (1 tab/day)                         |
| SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION  | Tier 1           | ACA (Preventive Health)                 |
| SODIUM FLUORIDE 2.2 (1 F) MG TAB  | Tier 3           | ACA (Preventive Health)                 |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>                                  | Tier 1           | ACA (Preventive Health)                 |
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>                                    | Tier 1           | ACA (Preventive Health)                 |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) luoride</i>                           | Tier 1           | ACA (Preventive Health)                 |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>                                      | Tier 1           | ACA (Preventive Health)                 |
| sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride                          | Tier 1           | ACA (Preventive Health)                 |
| TARON-C DHA ( <i>prenatal vit w/ fe fumarate-polysacch complex -fa-omega 3</i> ) -35-1 MG AP          | Tier 1           |   |
| TARON-PREX ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> ) -30-1.2-265 MG CAP                 | Tier 3           |   |
| THRIVITE RX ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 29-1 MG TAB                           | Tier 1           |   |
| TRICARE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB                                    | Tier 1           |   |
| TRICARE PRENATAL DHA ONE ( <i>prenatal w/fe fumarate-fa-dss-fish oil</i> ) 27-1-500 MG CAP            | Tier 3           |   |
| TRINATAL RX 1 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-MG TAB                        | Tier 1           |   |
| TRINATE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB                                    | Tier 1           |   |
| TRINAZ ( <i>prenatal vit w/ ferrous gluconate-folic acid</i> ) 12-1 MG TAB                            | Tier 3           | PA, QLC (2 tabs/day)                    |
| TRISTART DHA ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> ) 31-0.6-0.4-200 MG CAP | Tier 3           |   |
| TRISTART FREE ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> ) 33-1 MG CAP          | Tier 3           | QLC (1 cap/day)                         |

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|--|------------------|---|
| TRISTART ONE ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> ) 35-1-215 MG CAP            | Tier 3           |   |
| UROCIT-K 10 ( <i>potassium citrate (alkalinizer)</i> ) -MEQ (80 MG) TAB                                    | Tier 3           |   |
| UROCIT-K 15 ( <i>potassium citrate (alkalinizer)</i> ) -MEQ (1620 MG) TAB                                  | Tier 3           |   |
| UROCIT-K 5 ( <i>potassium citrate (alkalinizer)</i> ) -MEQ (40 MG) TAB                                     | Tier 3           |   |
| VINATE DHA RF ( <i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i> ) 27-1.13 MG CAP        | Tier 3           |   |
| VINATE II ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) 29-1 MG TAB                        | Tier 1           |   |
| VINATE ONE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-1 MG TAB                              | Tier 1           |   |
| VIRT-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) -53.5-38-1 MG AP           | Tier 1           |   |
| VIRT-NATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) -28-1-200 MG CAP          | Tier 1           |   |
| VIRT-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) -27-0.6-0.4-300 MG CAP      | Tier 1           |   |
| VIRT-PN PLUS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) -28-0.6-0.4-340 MG CAP | Tier 1           |   |
| VITAFOL FE+ ( <i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i> ) 90-0.6-0.4-200 MG CAP    | Tier 3           |   |
| VITAFOL ULTRA ( <i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i> ) 29-0.6-0.4-200 MG CAP  | Tier 3           |   |
| VITAFOL-NANO ( <i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i> ) -18-0.6-0.4 MG TAB     | Tier 3           |   |
| VITAFOL-OB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) - TAB                                    | Tier 3           |   |
| VITAFOL-ONE ( <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i> ) -29-1-200 MG CAP           | Tier 3           |   |

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|---|------------------|---|
| VITALARA ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) 20-1 MG TAB                                    | Tier 3           | PA, QLC (1 tab/day)                     |
| VITAMEDMD ONE RX/QUATREFOLIC ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 30-0.6-0.4-200 MG CAP | Tier 3           |   |
| VITAPEARL ( <i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i> ) 30-1.4-200 MG CAP                        | Tier 3           |   |
| VITATHELY WITH GINGER ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB                              | Tier 1           |   |
| VIVA DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP                           | Tier 1           |   |
| VP-PNV-DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) --28-1-215.8 MG CAP                     | Tier 1           |   |
| WESCAP-C DHA ( <i>prenatal vit w/ fe iron polysacch complex -fa-omega 3</i> ) WESAP-53.5-38-1 MG AP                   | Tier 1           |   |
| WESCAP-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) WES-27-0.6-0.4-300 MG                | Tier 1           |   |
| WESNATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP                        | Tier 1           |   |
| WESTAB PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) WES27-1 MG   | Tier 1           |   |
| WESTGEL DHA ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> ) 31-0.6-0.4-200 MG CAP                  | Tier 3           |   |
| WILZIN ( <i>zinc acetate (oral)</i> ) 25 MG CAP   | Tier 3           |   |
| ZALVIT ( <i>prenatal vit w/ ferrous gluconate-folic acid</i> ) 13-1 MG TAB  | Tier 3           | PA                                      |
| ZATEAN-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) -27-0.6-0.4-300 MG CAP               | Tier 1           |   |
| ZATEAN-PN PLUS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) -28-0.6-0.4-340 MG CAP          | Tier 1           |   |

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|---|-----------|--|
| ZIPHEX ( <i>prenatal vit w/ ferrous gluconate-folic acid</i> ) 13-1 MG TAB            | Tier 3    | PA   |
| <b>ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)</b> |           |  |
| CHEMET ( <i>succimer</i> ) 100 MG CAP   | Tier 2    |  |
| CUPRIMINE ( <i>penicillamine</i> ) 250 MG CAP   | Tier 4    | PA, S (Specialty Drug), QLC (16 caps/day)    |
| CUVRIOR ( <i>trientine tetrahydrochloride</i> ) 300 MG TAB                            | Tier 4    | PA, LA, QLC (10 tabs/day)                    |
| <i>deferasirox granules packet 180 mg</i>   | Tier 4    | PA, S (Specialty Drug), SF                   |
| <i>deferasirox granules packet 360 mg</i>   | Tier 4    | PA, S (Specialty Drug), SF                   |
| <i>deferasirox granules packet 90 mg</i>  | Tier 4    | PA, S (Specialty Drug), SF                   |
| <i>deferasirox tab 180 mg</i>   | Tier 4    | S (Specialty Drug), SF                       |
| <i>deferasirox tab 360 mg</i>   | Tier 4    | S (Specialty Drug), SF                       |
| <i>deferasirox tab 90 mg</i>  | Tier 4    | S (Specialty Drug), SF                       |
| <i>deferasirox tab for oral susp 125 mg</i>   | Tier 4    | S (Specialty Drug), SF                       |
| <i>deferasirox tab for oral susp 250 mg</i>   | Tier 4    | S (Specialty Drug), SF                       |
| <i>deferasirox tab for oral susp 500 mg</i>   | Tier 4    | S (Specialty Drug), SF                       |
| <i>deferiprone tab 1000 mg</i>  | Tier 4    | PA, LA, S (Specialty Drug), QLC (9 tabs/day) |
| <i>deferiprone tab 500 mg</i>   | Tier 4    | PA, LA, QLC (18 tabs/day)                    |
| DEPEN TITRATABS ( <i>penicillamine</i> ) 250 MG                                       | Tier 4    | PA, S (Specialty Drug), QLC (16 tabs/day)    |
| EXJADE ( <i>deferasirox</i> ) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL          | Tier 4    | LA, S (Specialty Drug), SF                   |
| FERRIPROX ( <i>deferiprone</i> ) 100 MG/ML SOLUTION                                   | Tier 4    | PA, LA, QLC (90 ml/day)                      |
| FERRIPROX ( <i>deferiprone</i> ) 1000 MG TAB  | Tier 4    | PA, LA, QLC (9 tabs/day)                     |
| FERRIPROX ( <i>deferiprone</i> ) 500 MG TAB   | Tier 4    | PA, LA, QLC (18 tabs/day)                    |
| FERRIPROX TWICE-A-DAY ( <i>deferiprone</i> ) --DY 1000 MG TB                          | Tier 4    | PA, LA, QLC (9 tabs/day)                     |
| JADENU ( <i>deferasirox</i> ) 90 MG TAB, 180 MG TAB, 360 MG TAB                       | Tier 4    | LA, S (Specialty Drug), SF                   |
| JADENU SPRINKLE ( <i>deferasirox</i> ) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET     | Tier 4    | PA, LA, S (Specialty Drug), SF               |

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|--|------------------|--|
| JYNARQUE ( <i>tolvaptan</i> ) 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK | Tier 4           | PA, LA, QLC (2 tabs/day)                     |
| JYNARQUE ( <i>tolvaptan</i> ) 15 MG TAB, 30 MG TAB   | Tier 4           | PA, LA, QLC (1 tab/day)                      |
| <i>penicillamine cap 250 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (16 caps/day)    |
| <i>penicillamine tab 250 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (16 tabs/day)    |
| SAMSCA ( <i>tolvaptan</i> ) 15 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)      |
| SAMSCA ( <i>tolvaptan</i> ) 30 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| SYPRINE ( <i>trientine hcl</i> ) 250 MG CAP  | Tier 4           | PA, S (Specialty Drug), QLC (8 caps/day)     |
| TOLVAPTAN 15 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)      |
| <i>tolvaptan tab 15 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)      |
| <i>tolvaptan tab 30 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)     |
| TRIENTINE HCL 500 MG CAP   | Tier 4           | PA, S (Specialty Drug), QLC (4 caps/day)     |
| <i>trientine hcl cap 250 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (8 caps/day)     |
| trientine hcl cap 250 mg (Clovique)  | Tier 4           | PA, S (Specialty Drug), QLC (8 caps/day)     |
| <b>PHOSPHATE BINDERS (Drugs to Lower Phosphate)</b>  |                  |  |
| AURYXIA ( <i>ferric citrate</i> ) 1 GM 210 MG(FE) TAB  | Tier 3           | PA, QLC (12 tabs/day)                        |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))                                 | Tier 1           |  |
| FOSRENOL ( <i>lanthanum carbonate</i> ) 500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET        | Tier 3           | PA   |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>  | Tier 1           | PA   |

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|--|------------------|---|
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>                                       | Tier 1           | PA                                      |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>                                       | Tier 1           | PA                                      |
| PHOSLYRA ( <i>calcium acetate (phosphate binder)</i> ) 667 MG/5ML SOLUTION                   | Tier 3           |   |
| RENAGEL ( <i>sevelamer hcl</i> ) 800 MG TAB  | Tier 3           |   |
| RENVELA ( <i>sevelamer carbonate</i> ) 0.8 GM PACKET, 2.4 GM PACKET                          | Tier 3           | PA                                      |
| RENVELA ( <i>sevelamer carbonate</i> ) 800 MG TAB  | Tier 3           |   |
| <i>sevelamer carbonate packet 0.8 gm</i>   | Tier 1           | PA                                      |
| <i>sevelamer carbonate packet 2.4 gm</i>   | Tier 1           | PA                                      |
| <i>sevelamer carbonate tab 800 mg</i>  | Tier 1           |   |
| <i>sevelamer hcl tab 400 mg</i>  | Tier 1           |   |
| <i>sevelamer hcl tab 800 mg</i>  | Tier 1           |   |
| VELPHORO ( <i>sucroferric oxyhydroxide</i> ) 500 MG CHEW TAB                                 | Tier 3           | PA                                      |
| <b>POTASSIUM BINDERS (Drugs to Lower Potassium)</b>  |                  |   |
| <i>*sodium polystyrene sulfonate powder**</i>  | Tier 1           |   |
| LOKELMA ( <i>sodium zirconium cyclosilicate</i> ) 10 GM PACKET                               | Tier 3           | QLC (1 pack/day)                        |
| LOKELMA ( <i>sodium zirconium cyclosilicate</i> ) 5 GM PACKET                                | Tier 3           | QLC (3 packs/day)                       |
| sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)  | Tier 1           |   |
| sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))                 | Tier 1           |   |
| SPS (SODIUM POLYSTYRENE SULF) ( <i>sodium polystyrene sulfonate</i> ) 30 GM/120ML SUSPENSION | Tier 1           |   |
| VELTASSA ( <i>patiromer sorbitex calcium</i> ) 1 GM PACKET                                   | Tier 4           | PA, LA, QLC (4 packets/day)             |
| VELTASSA ( <i>patiromer sorbitex calcium</i> ) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET | Tier 4           | PA, QLC (1 packet/day)                  |

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|---|------------------|--|
| <b>VITAMINS</b>   |                  |  |
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>                                 | Tier 1           |  |
| CARNITOR ( <i>levocarnitine (metabolic modifiers)</i> ) 1 GM/10ML SOLUTION, 330 MG TAB            | Tier 3           |  |
| CARNITOR SF ( <i>levocarnitine (metabolic modifiers)</i> ) 1 GM/10ML SOLUTION                     | Tier 3           |  |
| <i>cyanocobalamin inj 1000 mcg/ml</i>   | Tier 1           |  |
| cyanocobalamin inj 1000 mcg/ml (Dodex)  | Tier 1           |  |
| <i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>   | Tier 1           | QLC (1 bottle/week)                          |
| DOJOLVI ( <i>trihexanoin</i> ) 100 % LIQUID   | Tier 4           | PA, LA, S (Specialty Drug), QLC (105 ml/day) |
| ENBRACE HR ( <i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i> ) CAP            | Tier 3           |  |
| <i>folic acid tab 1 mg</i>  | Tier 1           |  |
| <i>levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) gm/0ml (0%)</i>                     | Tier 1           |  |
| <i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>  | Tier 1           |  |
| <i>levocarnitine tab 330 mg</i>   | Tier 1           |  |
| NASCOBAL ( <i>cyanocobalamin</i> ) 500 MCG/0.1ML SOLUTION   | Tier 3           | QLC (1 bottle/week)                          |
| NEONATAL 19 ( <i>prenatal vitamin-folic acid</i> ) 9 MG TAB                                       | Tier 3           |  |
| PREMESISRX ( <i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i> ) MG TAB                 | Tier 3           |  |
| PRENA1 ( <i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i> ) 1.4 MG CHEW TAB            | Tier 3           |  |
| PRENATE ( <i>prenatal multivitamins &amp; minerals w/ l-methylfolate-fa</i> ) 0.6-0.4 MG CHEW TAB | Tier 3           |  |
| PRENATE AM ( <i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i> ) MG TAB                 | Tier 3           |  |

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|--|------------------|--|
| QUFLORA FE ( <i>multiple vitamins w/minerals &amp; fluoride-iron-folic acid</i> ) 0.25 MG CHEW TAB                               | Tier 3           | ACA (Preventive Health), QLC (1 tab/day) |
| TRI-VI-FLOR ( <i>pediatric vitamins acd &amp; l-methylfolate w/ fluoride</i> ) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION   | Tier 3           | ACA (Preventive Health)                  |
| TRI-VI-FLOORO ( <i>pediatric vitamins acd &amp; l-methylfolate w/ fluoride</i> ) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION | Tier 3           | ACA (Preventive Health)                  |
| TRI-VITE/FLUORIDE ( <i>pediatric vitamins acd w/ fluoride</i> ) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION                        | Tier 1           | ACA (Preventive Health)                  |
| VITAFOL GUMMIES ( <i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i> ) 3.33-0.333-34.8 MG CHEW TAB                   | Tier 3           |  |
| VITAFOL STRIPS ( <i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i> ) MG FILM  | Tier 1           |  |
| VITAMEDMD REDICHEW RX ( <i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i> ) 1.4 MG TAB                                 | Tier 3           |  |

## **GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)**

### **ANTI-CONSTIPATION AGENTS (Drugs for Constipation)**

|  |        |   |
|--|--------|---|
| AMITIZA ( <i>lubiprostone</i> ) 24 MCG CAP   | Tier 3 | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| AMITIZA ( <i>lubiprostone</i> ) 8 MCG CAP  | Tier 3 | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| CLENPIQ ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> ) 10-3.5-12 MG-GM -GM/160ML SOLUTION, 10-3.5-12 MG-GM -GM/175ML SOLUTION | Tier 3 | PA  |
| IBSRELA ( <i>tenapanor hcl</i> ) 50 MG TAB   | Tier 3 | PA, QLC (2 tabs/day)                        |
| KRISTALOSE ( <i>lactulose</i> ) 10 GM PACKET   | Tier 3 | PA, QLC (1 pack/day)                        |
| KRISTALOSE ( <i>lactulose</i> ) 20 GM PACKET   | Tier 3 | PA, QLC (2 packs/day)                       |
| lactulose (encephalopathy) solution 10 gm/15ml (Enulose)   | Tier 1 |   |
| lactulose (encephalopathy) solution 10 gm/15ml (Generlac)  | Tier 1 |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|--|------------------|---|
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)   | Tier 1           |   |
| LACTULOSE 10 GM PACKET   | Tier 1           | PA, QLC (1 pack/day)                        |
| LACTULOSE 20 GM PACKET   | Tier 1           | PA, QLC (2 packs/day)                       |
| <i>lactulose solution 10 gm/15ml</i>   | Tier 1           |   |
| lactulose solution 10 gm/15ml (Constulose)   | Tier 1           |   |
| LINZESS ( <i>linaclotide</i> ) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP  | Tier 2           | AL1 (At least 18 yrs old), QLC (1 cap/day)  |
| <i>lubiprostone cap 24 mcg</i>   | Tier 1           | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| <i>lubiprostone cap 8 mcg</i>  | Tier 1           | AL1 (At least 18 yrs old), QLC (2 caps/day) |
| MOTEGRITY ( <i>prucalopride succinate</i> ) 1 MG TAB, 2 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                         |
| MOVANTI ( <i>naloxegol oxalate</i> ) 12.5 MG TAB, 25 MG TAB  | Tier 3           | AL1 (At least 18 yrs old), QLC (1 tab/day)  |
| MOVIPREP ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> ) 100 GM RECON SOLN                                | Tier 3           | PA  |
| NULYTELY LEMON-LIME ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> ) -420 GM RECON SOLN                   | Tier 3           |   |
| NULYTELY WITH FLAVOR PACKS ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> ) 420 GM RECON SOLN             | Tier 3           |   |
| OSMOPREP ( <i>sodium phosphate monobasic-sodium phosphate dibasic</i> ) 1.102-0.398 GM TAB                                   | Tier 3           | PA, ACA (Preventive Health)                 |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-3350/ELECTROLYTES/ASCORBAT) - <i>kl-l--asorbate-</i> | Tier 1           | PA, ACA (Preventive Health)                 |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-KCL-NACL-NASULF-NA ASC-C) - <i>kl-l--asorbate-</i>   | Tier 1           | PA, ACA (Preventive Health)                 |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)   | Tier 1           | ACA (Preventive Health)                     |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NAACL)                                    | Tier 1           | ACA (Preventive Health)                 |
| PEG-PREP ( <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i> ) --210 MG-GM KIT                           | Tier 1           | ACA (Preventive Health)                 |
| PLENVU ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> ) 140 GM RECON SOLN                           | Tier 3           | PA                                      |
| <i>prucalopride succinate tab 1 mg (base equivalent)</i>  | Tier 1           | PA, QLC (1 tab/day)                     |
| <i>prucalopride succinate tab 2 mg (base equivalent)</i>  | Tier 1           | PA, QLC (1 tab/day)                     |
| RELISTOR ( <i>methylnaltrexone bromide</i> ) 150 MG TAB   | Tier 4           | PA, QLC (3 tabs/day)                    |
| RELISTOR ( <i>methylnaltrexone bromide</i> ) 8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION                                | Tier 4           | PA                                      |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)                    | Tier 1           | ACA (Preventive Health)                 |
| SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> ) SU17.5-3.13-1.6 GM/177ML SOLUTION | Tier 3           |   |
| SUTAB ( <i>sodium sulfate-magnesium sulfate-potassium chloride</i> ) SU1479-225-188 MG                                | Tier 3           | PA                                      |
| SYMPROIC ( <i>naldemedine tosylate</i> ) 0.2 MG TAB   | Tier 3           | PA, QLC (1 tab/day)                     |
| TRULANCE ( <i>plecanatide</i> ) 3 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| <b>ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)</b>   |                  |   |
| AEMCOLO ( <i>rifamycin sodium</i> ) 194 MG TAB DR   | Tier 3           | PA, QLC (12 tabs/30 days)               |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>  | Tier 1           | PA                                      |
| <i>alosetron hcl tab 1 mg (base equiv)</i>  | Tier 1           | PA                                      |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)  | Tier 1           |   |
| DIPHENOXYLATE-ATROPINE ( <i>diphenoxylate w/ atropine</i> ) -2.5-0.025 MG/5ML LIQUID                                  | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| LOMOTIL ( <i>diphenoxylate w/ atropine</i> ) 2.5-0.025 MG TAB | Tier 3           |   |
| LOTRONEX ( <i>alosetron hcl</i> ) 0.5 MG TAB, 1 MG TAB        | Tier 3           | PA                                      |
| MOTOFEN ( <i>difenoxin w/ atropine</i> ) 1-0.025 MG TAB       | Tier 3           |   |
| MYTESI ( <i>crofelemer</i> ) 125 MG TAB DR                    | Tier 4           | PA, QLC (2 tabs/day)                    |
| VIBERZI ( <i>eluxadoline</i> ) 75 MG TAB, 100 MG TAB          | Tier 4           | PA, QLC (2 tabs/day)                    |
| XERMELO ( <i>telotristat etiprate</i> ) 250 MG TAB            | Tier 4           | PA, LA, QLC (3 tabs/day)                |

### **ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)**

|   |        |                      |
|---|--------|----------------------|
| ANASPAZ ( <i>hyoscyamine sulfate</i> ) 0.125 MG TAB DISP                                | Tier 3 |                      |
| <i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM) | Tier 1 | QLC (8 caps/day)     |
| CUVPOSA ( <i>glycopyrrolate</i> ) 1 MG/5ML SOLUTION                                     | Tier 3 | PA, QLC (45 ml/day)  |
| DARTISLA ODT ( <i>glycopyrrolate</i> ) 1.7 MG TAB DISP                                  | Tier 3 | PA, QLC (4 tabs/day) |
| <i>dicyclomine hcl cap 10 mg</i>  | Tier 1 |                      |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i>  | Tier 1 |                      |
| <i>dicyclomine hcl tab 20 mg</i>  | Tier 1 |                      |
| DONNATAL ( <i>phenobarbital-hyoscyamine-atropine-scopolamine</i> ) 16.2 MG TAB          | Tier 3 |                      |
| DONNATAL ( <i>phenobarbital-hyoscyamine-atropine-scopolamine</i> ) 16.2 MG/5ML ELIXIR   | Tier 3 | QLC (40 ml/day)      |
| GLYCATE ( <i>glycopyrrolate</i> ) 1.5 MG TAB  | Tier 1 | PA, QLC (3 tabs/day) |
| GLYCOPYRROLATE 1.5 MG TAB   | Tier 1 | PA, QLC (3 tabs/day) |
| <i>glycopyrrolate oral soln 1 mg/5ml</i>  | Tier 1 | PA, QLC (45 ml/day)  |
| <i>glycopyrrolate tab 1 mg</i>  | Tier 1 |                      |
| <i>glycopyrrolate tab 2 mg</i>  | Tier 1 |                      |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>  | Tier 1 |                      |
| hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)                                       | Tier 1 |                      |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>   | Tier 1           |   |
| hyoscyamine sulfate sl tab 0.125 mg (Oscimin)  | Tier 1           |   |
| hyoscyamine sulfate sl tab 0.125 mg (Symax-SI)   | Tier 1           |   |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i>  | Tier 1           |   |
| hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)   | Tier 1           |   |
| <i>hyoscyamine sulfate tab 0.125 mg</i>  | Tier 1           |   |
| hyoscyamine sulfate tab 0.125 mg (Oscimin)   | Tier 1           |   |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i>   | Tier 1           |   |
| hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)  | Tier 1           |   |
| hyoscyamine sulfate tab disint 0.125 mg (Nulev)  | Tier 1           |   |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)                             | Tier 1           |   |
| hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)  | Tier 1           |   |
| hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)  | Tier 1           |   |
| LEVBID ( <i>hyoscyamine sulfate</i> ) 0.375 MG TAB ER 12H  | Tier 3           |   |
| LEVSIN ( <i>hyoscyamine sulfate</i> ) 0.125 MG TAB   | Tier 3           |   |
| LEVSIN/SL ( <i>hyoscyamine sulfate</i> ) 0.125 MG TAB  | Tier 3           |   |
| LIBRAX ( <i>chlordiazepoxide hcl-clidinium bromide</i> ) 5-2.5 MG CAP                                | Tier 3           | QLC (8 caps/day)                        |
| <i>methscopolamine bromide tab 2.5 mg</i>  | Tier 1           |   |
| <i>methscopolamine bromide tab 5 mg</i>  | Tier 1           |   |
| <i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE) | Tier 1           | QLC (40 ml/day)                         |
| <i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PHENOBARBITAL-BELLADONNA ALK)   | Tier 1           | QLC (40 ml/day)                         |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (Phenohtro)                        | Tier 1           | QLC (40 ml/day)                         |
| <i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE) | Tier 1           |   |
| <i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOBARBITAL-BELLADONNA ALK)   | Tier 1           |   |
| pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (Phenohtro)                             | Tier 1           |   |
| ROBINUL ( <i>glycopyrrolate</i> ) 1 MG TAB  | Tier 3           |   |
| ROBINUL-FORTE ( <i>glycopyrrolate</i> ) -2 MG TAB   | Tier 3           |   |
| SYMAX DUOTAB ( <i>hyoscyamine sulfate</i> ) DUO0.375 MG ER                                      | Tier 3           |   |

### **GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)**

|   |        |   |
|---|--------|---|
| <i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i> (AMOXICILL-CLARITHRO-LANSOPRAZ) & | Tier 1 | QLC (one 14-day course/month)                   |
| AMOXICILL-CLARITHRO-LANSOPRAZ ( <i>amoxicillin-clarithromycin w/ lansoprazole</i> ) --500 & 500 & 30 MG THER PACK         | Tier 1 | QLC (one 14-day course/month)                   |
| <i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BIS SUBCIT-METRONID-TETRACYC)                        | Tier 1 | QLC (120 caps/month)                            |
| <i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BISMUTH/METRONIDAZ/TETRACYCLIN)                      | Tier 1 | QLC (120 caps/month)                            |
| CHENODAL ( <i>chenodiol</i> ) 250 MG TAB  | Tier 4 | PA, LA, QLC (6 tabs/day)                        |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>   | Tier 1 |   |
| GASTROCROM ( <i>cromolyn sodium (mastocytosis)</i> ) 100 MG/5ML CONC  | Tier 3 |   |
| GATTEX ( <i>teduglutide (rdna)</i> ) 5 MG KIT   | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 kit/30 days) |
| GAVILYTE-C ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> ) -240 GM REON SOLN                                  | Tier 1 | ACA (Preventive Health)                         |
| GOLYTELY ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> ) 236 GM RECON SOLN                                    | Tier 3 |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                    |
|--|------------------|--|
| HELIDAC THERAPY ( <i>metronidazole-tetracycline w/ bismuth subsalicylate</i> ) MISC            | Tier 3           | QLC (224 tabs/30 days)                                     |
| HUMATROPE ( <i>somatropin</i> ) 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE               | Tier 4           | PA, S (Specialty Drug)                                     |
| IMCIVREE ( <i>setmelanotide acetate</i> ) 10 MG/ML SOLUTION                                    | Tier 4           | PA, LA, QLC (9 ml (9 vials)/30 days)                       |
| LIVMARLI ( <i>maralixibat chloride</i> ) 19 MG/ML SOLUTION                                     | Tier 4           | PA, LA, QLC (2 ml/day)                                     |
| LIVMARLI ( <i>maralixibat chloride</i> ) 9.5 MG/ML SOLUTION                                    | Tier 4           | PA, LA, QLC (3 ml/day)                                     |
| OCALIVA ( <i>obeticholic acid</i> ) 5 MG TAB, 10 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day), SF            |
| OMECLAMOX-PAK ( <i>amoxicillin-clarithromycin w/ omeprazole</i> ) -500-500-20 MG MISC          | Tier 3           | QLC (1 pack/month)   |
| OMNITROPE ( <i>somatropin</i> ) 10 MG/1.5ML SOLN CART  | Tier 4           | PA, S (Specialty Drug)                                     |
| OMVOH ( <i>mirikizumab-mrkz</i> ) 100 MG/ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (2 auto-injector pens/28 days) |
| OMVOH ( <i>mirikizumab-mrkz</i> ) 100 MG/ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug), QLC (2 ml/28 days)                 |
| ORLISTAT 120 MG CAP  | Tier 3           | PA, QLC (3 caps/day)                                       |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl-                     | Tier 1           | ACA (Preventive Health)                                    |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) ---cl-   | Tier 1           | ACA (Preventive Health)                                    |
| PYLERA ( <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> ) 140-125-125 MG CAP   | Tier 3           | QLC (120 caps/month)                                       |
| RELTONE ( <i>ursodiol</i> ) 200 MG CAP, 400 MG CAP   | Tier 3           | PA, QLC (2 caps/day)                                       |
| SUFLAVE ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> ) 178.7 GM RECON SOLN | Tier 3           | PA   |
| TALICIA ( <i>amoxicillin-rifabutin-omeprazole</i> ) 250-12.5-10 MG CAP DR                      | Tier 3           | QLC (168 caps/28 days)                                     |
| URSO 250 ( <i>ursodiol</i> ) MG TAB  | Tier 3           |  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>    |
|--|------------------|--|
| URSO FORTE ( <i>ursodiol</i> ) 500 MG TAB  | Tier 3           |  |
| URSODIOL 200 MG CAP, 400 MG CAP  | Tier 3           | PA, QLC (2 caps/day)                       |
| <i>ursodiol cap 300 mg</i>   | Tier 1           |  |
| <i>ursodiol tab 250 mg</i>   | Tier 1           |  |
| <i>ursodiol tab 500 mg</i>   | Tier 1           |  |
| VOQUEZNA ( <i>vonoprazan fumarate</i> ) 10 MG TAB  | Tier 3           | PA, QLC (1 tab/day; max 180 tabs/365 days) |
| VOQUEZNA ( <i>vonoprazan fumarate</i> ) 20 MG TAB  | Tier 3           | PA, QLC (1 tab/day; max 56 tabs/365 days)  |
| VOQUEZNA DUAL PAK ( <i>amoxicillin (trihydrate)-vonoprazan fumarate</i> ) 500-20 MG THER PACK                      | Tier 3           | PA, QLC (112 tabs/30 days)                 |
| VOQUEZNA TRIPLE PAK ( <i>amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate</i> ) 500-500-20 MG THER PACK | Tier 3           | PA, QLC (112 tabs/30 days)                 |
| XENICAL ( <i>orlistat</i> ) 120 MG CAP   | Tier 3           | PA, QLC (3 caps/day)                       |
| <b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)</b>                                     |                  |  |
| CIMETIDINE HCL 300 MG/5ML SOLUTION   | Tier 1           |  |
| <i>cimetidine hcl soln 300 mg/5ml</i>  | Tier 1           |  |
| <i>cimetidine tab 300 mg</i>   | Tier 1           |  |
| <i>cimetidine tab 400 mg</i>   | Tier 1           |  |
| <i>cimetidine tab 800 mg</i>   | Tier 1           |  |
| <i>famotidine for susp 40 mg/5ml</i>   | Tier 1           |  |
| <i>famotidine tab 40 mg</i>  | Tier 1           |  |
| NIZATIDINE 15 MG/ML SOLUTION, 300 MG CAP   | Tier 1           |  |
| <i>nizatidine cap 150 mg</i>   | Tier 1           |  |
| PEPCID ( <i>famotidine</i> ) 40 MG TAB   | Tier 3           |  |
| <b>PROTECTANTS (Drugs for Acid Reflux and Ulcers)</b>  |                  |  |
| CARAFATE ( <i>sucralfate</i> ) 1 GM TAB, 1 GM/10ML SUSPENSION  | Tier 3           |  |
| <i>sucralfate susp 1 gm/10ml gm/0ml</i>  | Tier 1           |  |
| <i>sucralfate tab 1 gm</i>   | Tier 1           |  |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

|   |        |                        |
|---|--------|------------------------|
| ACIPHEX ( <i>rabeprazole sodium</i> ) 20 MG TAB DR                                | Tier 3 | QLC (3 tabs/day)       |
| DEXILANT ( <i>dexlansoprazole</i> ) 30 MG CAP DR, 60 MG CAP DR                    | Tier 3 | PA, QLC (1 cap/day)    |
| <i>dexlansoprazole cap delayed release 30 mg</i>                                  | Tier 1 | PA, QLC (1 cap/day)    |
| <i>dexlansoprazole cap delayed release 60 mg</i>                                  | Tier 1 | PA, QLC (1 cap/day)    |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>                 | Tier 1 | ST, QLC (2 caps/day)   |
| <i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>                | Tier 1 | PA, QLC (1 packet/day) |
| <i>esomeprazole magnesium for delayed release susp packet 10 mg</i>               | Tier 1 | ST, QLC (1 packet/day) |
| <i>esomeprazole magnesium for delayed release susp packet 20 mg</i>               | Tier 1 | ST, QLC (1 packet/day) |
| <i>esomeprazole magnesium for delayed release susp packet 40 mg</i>               | Tier 1 | ST, QLC (1 packet/day) |
| <i>esomeprazole magnesium for delayed release susp packet 5 mg</i>                | Tier 1 | PA, QLC (1 packet/day) |
| KONVOMEF ( <i>omeprazole-sodium bicarbonate</i> ) 2-84 MG/ML RECON SUSP           | Tier 3 | PA, QLC (20 ml/day)    |
| <i>lansoprazole cap delayed release 30 mg</i>                                     | Tier 1 | QLC (2 caps/day)       |
| <i>lansoprazole tab delayed release orally disintegrating 30 mg</i>               | Tier 1 | ST, QLC (2 tabs/day)   |
| NEXIUM ( <i>esomeprazole magnesium</i> ) 10 MG PACKET, 20 MG PACKET, 40 MG PACKET | Tier 3 | ST, QLC (1 packet/day) |
| NEXIUM ( <i>esomeprazole magnesium</i> ) 2.5 MG PACKET                            | Tier 3 | PA, QLC (1 packet/day) |
| NEXIUM ( <i>esomeprazole magnesium</i> ) 40 MG CAP DR                             | Tier 3 | PA, QLC (2 caps/day)   |
| NEXIUM ( <i>esomeprazole magnesium</i> ) 5 MG PACKET                              | Tier 3 | PA, QLC (1 packet/day) |
| <i>omeprazole cap delayed release 10 mg</i>                                       | Tier 1 | QLC (8 caps/day)       |
| <i>omeprazole cap delayed release 20 mg</i>                                       | Tier 1 | QLC (4 caps/day)       |
| <i>omeprazole cap delayed release 40 mg</i>                                       | Tier 1 | QLC (2 caps/day)       |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>                                   | Tier 1           | PA, QLC (1 cap/day)                     |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>                    | Tier 1           | PA, QLC (1 packet/day)                  |
| <i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>                    | Tier 1           | PA, QLC (1 packet/day)                  |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>                                  | Tier 1           | QLC (4 tabs/day)                        |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>                                  | Tier 1           | QLC (2 tabs/day)                        |
| <i>pantoprazole sodium for delayed release susp packet 40 mg</i>                      | Tier 1           | QLC (2 packets/day)                     |
| PREVACID ( <i>lansoprazole</i> ) 30 MG CAP DR   | Tier 3           | QLC (2 caps/day)                        |
| PREVACID SOLUTAB ( <i>lansoprazole</i> ) SOLU30 MG DR DISP                            | Tier 3           | ST, QLC (2 tabs/day)                    |
| PRILOSEC ( <i>omeprazole magnesium</i> ) 10 MG PACKET                                 | Tier 3           | PA, QLC (2 packs/day)                   |
| PRILOSEC ( <i>omeprazole magnesium</i> ) 2.5 MG PACKET                                | Tier 3           | PA, QLC (3 packs/day)                   |
| PROTONIX ( <i>pantoprazole sodium</i> ) 20 MG TAB DR                                  | Tier 3           | QLC (4 tabs/day)                        |
| PROTONIX ( <i>pantoprazole sodium</i> ) 40 MG PACKET                                  | Tier 3           | QLC (2 packets/day)                     |
| PROTONIX ( <i>pantoprazole sodium</i> ) 40 MG TAB DR                                  | Tier 3           | QLC (2 tabs/day)                        |
| RABEPRAZOLE SODIUM 10 MG CAP SPRINK   | Tier 3           | ST, QLC (1 cap/day)                     |
| <i>rabeprazole sodium ec tab 20 mg</i>  | Tier 1           | QLC (3 tabs/day)                        |
| ZEGERID ( <i>omeprazole-sodium bicarbonate</i> ) 20-1680 MG PACKET, 40-1680 MG PACKET | Tier 3           | PA, QLC (1 packet/day)                  |
| ZEGERID ( <i>omeprazole-sodium bicarbonate</i> ) 40-1100 MG CAP                       | Tier 3           | PA, QLC (1 cap/day)                     |

### **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)**

|   |        |    |
|---|--------|----|
| <i>*betaine powder for oral solution***</i> | Tier 4 | LA |
|---|--------|----|

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>       |
|--|------------------|---|
| AGAMREE ( <i>vamorolone</i> ) 40 MG/ML SUSPENSION  | Tier 4           | PA, LA, QLC (7.5 ml/day)                      |
| AQNEURSA ( <i>levacetylleucine</i> ) 1 GM PACKET   | Tier 4           | PA, LA, QLC (4 packets/day)                   |
| BUPHENYL ( <i>sodium phenylbutyrate</i> ) 3 GM/TSP POWDER  | Tier 4           | PA, LA, S (Specialty Drug), QLC (20 gm/day)   |
| BUPHENYL ( <i>sodium phenylbutyrate</i> ) 500 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (40 tabs/day) |
| CARBAGLU ( <i>carglumic acid</i> ) 200 MG TAB SOL  | Tier 4           | PA, LA, QLC (35 tabs/day)                     |
| <i>carglumic acid soluble tab 200 mg</i>   | Tier 4           | PA, LA, QLC (35 tabs/day)                     |
| CERDELGA ( <i>eliglustat tartrate</i> ) 84 MG CAP  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day)  |
| CHOLBAM ( <i>cholic acid</i> ) 250 MG CAP  | Tier 4           | PA, LA, QLC (5 caps/day)                      |
| CHOLBAM ( <i>cholic acid</i> ) 50 MG CAP   | Tier 4           | PA, LA, QLC (4 caps/day)                      |
| CREON ( <i>pancrelipase (lipase-protease-amylase)</i> ) 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART | Tier 2           |   |
| CYSTADANE ( <i>betaine</i> ) POWDER  | Tier 4           | LA  |
| CYSTADROPS ( <i>cysteamine hcl</i> ) 0.37 % SOLUTION   | Tier 4           | PA, LA, QLC (20 ml(4 bottles)/28 days)        |
| CYSTAGON ( <i>cysteamine bitartrate</i> ) 150 MG CAP   | Tier 3           | LA, S (Specialty Drug), QLC (26 caps/day)     |
| CYSTAGON ( <i>cysteamine bitartrate</i> ) 50 MG CAP  | Tier 3           | LA, S (Specialty Drug), QLC (4 caps/day)      |
| CYSTARAN ( <i>cysteamine hcl</i> ) 0.44 % SOLUTION   | Tier 4           | PA, LA, QLC (4 bottles/28 days)               |
| DAYBUE ( <i>trofinetide</i> ) 200 MG/ML SOLUTION   | Tier 4           | PA, LA, QLC (120 ml/day)                      |
| <i>dichlorphenamide tab 50 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day)      |
| dichlorphenamide tab 50 mg (Ormalvi)   | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day)      |
| DROXIA ( <i>hydroxyurea (sickle cell disease)</i> ) 200 MG CAP, 300 MG CAP, 400 MG CAP   | Tier 2           |   |
| DUVYZAT ( <i>givinostat hcl</i> ) 8.86 MG/ML SUSPENSION  | Tier 4           | PA, LA, QLC (12 ml/day)                       |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|---|------------------|---|
| ENDARI ( <i>glutamine (sickle cell)</i> ) 5 GM PACKET                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 packets/day) |
| EVRYSDI ( <i>risdiplam</i> ) 0.75 MG/ML RECON SOLN                                  | Tier 4           | PA, LA, QLC (6.67 ml/day)                       |
| GALAFOLD ( <i>migalastat hcl</i> ) 123 MG CAP                                       | Tier 4           | PA, LA, QLC (14 caps/28 days)                   |
| <i>glutamine (sickle cell) powd pack 5 gm</i> (L-GLUTAMINE)                         | Tier 4           | PA, S (Specialty Drug), QLC (6 packets/day)     |
| JOENJA ( <i>leniolisib phosphate</i> ) 70 MG TAB                                    | Tier 4           | PA, LA, QLC (2 tabs/day), OAC                   |
| KEVEYIS ( <i>dichlorphenamide</i> ) 50 MG TAB                                       | Tier 4           | PA, LA, QLC (4 tabs/day)                        |
| KUVAN ( <i>sapropterin dihydrochloride</i> ) 100 MG PACKET                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (14 packs/day)  |
| KUVAN ( <i>sapropterin dihydrochloride</i> ) 100 MG TAB                             | Tier 4           | PA, LA, S (Specialty Drug), QLC (14 tabs/day)   |
| KUVAN ( <i>sapropterin dihydrochloride</i> ) 500 MG PACKET                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 packs/day)   |
| <i>miglustat cap 100 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (3 caps/day)        |
| miglustat cap 100 mg (Yargesa)  | Tier 4           | PA, LA, QLC (3 caps/day)                        |
| MIPLYFFA ( <i>arimoclomol citrate</i> ) 47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP | Tier 4           | PA, LA, QLC (3 caps/day)                        |
| MYALEPT ( <i>metreleptin</i> ) 11.3 MG RECON SOLN                                   | Tier 4           | PA, LA, QLC (1 vial/day)                        |
| <i>nitisinone cap 10 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (14 caps/day)       |
| <i>nitisinone cap 2 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (10 caps/day)       |
| <i>nitisinone cap 20 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (8 caps/day)        |
| <i>nitisinone cap 5 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (2 caps/day)        |
| NITYR ( <i>nitisinone</i> ) 10 MG TAB   | Tier 4           | PA, LA, QLC (14 tabs/day)                       |
| NITYR ( <i>nitisinone</i> ) 2 MG TAB  | Tier 4           | PA, LA, QLC (70 tabs/day)                       |
| NITYR ( <i>nitisinone</i> ) 5 MG TAB  | Tier 4           | PA, LA, QLC (28 tabs/day)                       |
| OLPRUVA (2 GM DOSE) ( <i>sodium phenylbutyrate</i> ) (THER PACK)                    | Tier 4           | PA, LA, QLC (180 packets/30 days)               |
| OLPRUVA (3 GM DOSE) ( <i>sodium phenylbutyrate</i> ) (THER PACK)                    | Tier 4           | PA, LA, QLC (180 packets/30 days)               |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>              |
|---|------------------|--|
| OLPRUVA (4 GM DOSE) ( <i>sodium phenylbutyrate</i> ) 2 & 2 THER PACK  | Tier 4           | PA, LA, QLC (270 packets/30 days)                    |
| OLPRUVA (5 GM DOSE) ( <i>sodium phenylbutyrate</i> ) 2 & 3 THER PACK  | Tier 4           | PA, LA, QLC (270 packets/30 days)                    |
| OLPRUVA (6 GM DOSE) ( <i>sodium phenylbutyrate</i> ) 3 & 3 THER PACK  | Tier 4           | PA, LA, QLC (270 packets/30 days)                    |
| OLPRUVA (6.67 GM DOSE) ( <i>sodium phenylbutyrate</i> ) 3 & 3.67 THER PACK  | Tier 4           | PA, LA, QLC (270 packets/30 days)                    |
| OPFOLDA ( <i>miglustat (gaa deficiency)</i> ) 65 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 caps/28 days)     |
| ORFADIN ( <i>nitisinone</i> ) 10 MG CAP   | Tier 4           | PA, LA, QLC (14 caps/day)                            |
| ORFADIN ( <i>nitisinone</i> ) 2 MG CAP  | Tier 4           | PA, LA, QLC (10 caps/day)                            |
| ORFADIN ( <i>nitisinone</i> ) 20 MG CAP   | Tier 4           | PA, LA, QLC (8 caps/day)                             |
| ORFADIN ( <i>nitisinone</i> ) 4 MG/ML SUSPENSION  | Tier 4           | PA, LA, QLC (35 ml/day)                              |
| ORFADIN ( <i>nitisinone</i> ) 5 MG CAP  | Tier 4           | PA, LA, QLC (2 caps/day)                             |
| PALYNZIQ ( <i>pegvaliase-pqpz</i> ) 10 MG/0.5ML SOLN PRSYR  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/day)      |
| PALYNZIQ ( <i>pegvaliase-pqpz</i> ) 2.5 MG/0.5ML SOLN PRSYR   | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 syringes/28 days) |
| PALYNZIQ ( <i>pegvaliase-pqpz</i> ) 20 MG/ML SOLN PRSYR   | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 syringes/day)     |
| PANCREAZE ( <i>pancrelipase (lipase-protease-amylase)</i> ) 2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART | Tier 3           |  |
| PERTZYE ( <i>pancrelipase (lipase-protease-amylase)</i> ) 4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART                     | Tier 3           |  |
| PHEBURANE ( <i>sodium phenylbutyrate</i> ) 483 MG/GM PELLETT  | Tier 4           | PA, LA, S (Specialty Drug), QLC (42 gm/day)          |
| PROCYSBI ( <i>cysteamine bitartrate</i> ) 25 MG CAP DR  | Tier 4           | PA, LA, QLC (4 caps/day)                             |
| PROCYSBI ( <i>cysteamine bitartrate</i> ) 300 MG PACKET   | Tier 4           | PA, LA, QLC (6 packets/day)                          |
| PROCYSBI ( <i>cysteamine bitartrate</i> ) 75 MG CAP DR  | Tier 4           | PA, LA, QLC (26 caps/day)                            |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>             |
|--|------------------|---|
| PROCYSBI ( <i>cysteamine bitartrate</i> ) 75 MG PACKET                     | Tier 4           | PA, LA, QLC (4 packets/day)                         |
| PYRUKYND ( <i>mitapivat sulfate</i> ) 5 MG TAB, 20 MG TAB, 50 MG TAB       | Tier 4           | PA, LA, QLC (2 tabs/day)                            |
| RAVICTI ( <i>glycerol phenylbutyrate</i> ) 1.1 GM/ML LIQUID                | Tier 4           | PA, LA, S (Specialty Drug), QLC (17.5 ml/day)       |
| RIVFLOZA ( <i>nedosiran sodium</i> ) 128 MG/0.8ML SOLN PRSYR               | Tier 4           | PA, LA, S (Specialty Drug), QLC (0.8 ml/30 days)    |
| RIVFLOZA ( <i>nedosiran sodium</i> ) 160 MG/ML SOLN PRSYR                  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/30 days) |
| RIVFLOZA ( <i>nedosiran sodium</i> ) 80 MG/0.5ML SOLUTION                  | Tier 4           | PA, LA, S (Specialty Drug), QLC (0.5 ml/30 days)    |
| <i>sapropterin dihydrochloride powder packet 100 mg</i>                    | Tier 4           | PA, S (Specialty Drug), QLC (14 packs/day)          |
| sapropterin dihydrochloride powder packet 100 mg (Javygtor)                | Tier 4           | PA, LA, QLC (14 packs/day)                          |
| <i>sapropterin dihydrochloride powder packet 500 mg</i>                    | Tier 4           | PA, S (Specialty Drug), QLC (3 packs/day)           |
| sapropterin dihydrochloride powder packet 500 mg (Javygtor)                | Tier 4           | PA, LA, QLC (3 packs/day)                           |
| <i>sapropterin dihydrochloride tab 100 mg</i>                              | Tier 4           | PA, S (Specialty Drug), QLC (14 tabs/day)           |
| sapropterin dihydrochloride tab 100 mg (Javygtor)                          | Tier 4           | PA, QLC (14 tabs/day)                               |
| SIKLOS ( <i>hydroxyurea (sickle cell anemia)</i> ) 100 MG TAB, 1000 MG TAB | Tier 3           | PA  |
| SKYCLARYS ( <i>omaveloxolone</i> ) 50 MG CAP                               | Tier 4           | PA, LA, QLC (3 caps/day)                            |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>                  | Tier 4           | PA, S (Specialty Drug), QLC (20 gm/day)             |
| <i>sodium phenylbutyrate tab 500 mg</i>                                    | Tier 4           | PA, S (Specialty Drug), QLC (40 tabs/day)           |
| SOHONOS ( <i>palovarotene</i> ) 1 MG CAP                                   | Tier 4           | PA, LA, S (Specialty Drug), QLC (6 caps/day)        |
| SOHONOS ( <i>palovarotene</i> ) 1.5 MG CAP, 10 MG CAP                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day)        |
| SOHONOS ( <i>palovarotene</i> ) 2.5 MG CAP                                 | Tier 4           | PA, LA, S (Specialty Drug), QLC (5 caps/day)        |
| SOHONOS ( <i>palovarotene</i> ) 5 MG CAP                                   | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 caps/day)        |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|---|------------------|--|
| STRENSIQ ( <i>asfotase alfa</i> ) 18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION  | Tier 4           | PA, LA, QLC (24 vials/28 days)               |
| SUCRAID ( <i>sacrosidase</i> ) 8500 UNIT/ML SOLUTION  | Tier 4           | PA, LA, QLC (12 ml/day)                      |
| TEGSEDI ( <i>inotersen sodium</i> ) 284 MG/1.5ML SOLN PRSYR   | Tier 4           | PA, LA, QLC (1 syringe/week)                 |
| VIOKACE ( <i>pancrelipase (lipase-protease-amylase)</i> ) 10440-39150 TAB, 20880 TAB, 20880-78300 TAB   | Tier 3           |  |
| VOXZOGO ( <i>vosoritide</i> ) 0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 vial/day) |
| VYNDAMAX ( <i>tafamidis</i> ) 61 MG CAP   | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day)      |
| VYNDAQEL ( <i>tafamidis meglumine (cardiac)</i> ) 20 MG CAP   | Tier 4           | PA, S (Specialty Drug), QLC (4 caps/day)     |
| XOLREMDI ( <i>mavoxifafo</i> ) 100 MG CAP   | Tier 4           | PA, LA, QLC (4 caps/day)                     |
| XURIDEN ( <i>uridine triacetate</i> ) 2 GM PACKET   | Tier 4           | PA, LA, QLC (4 packets/day)                  |
| ZAVESCA ( <i>miglustat</i> ) 100 MG CAP   | Tier 4           | PA, LA, QLC (3 caps/day)                     |
| ZENPEP ( <i>pancrelipase (lipase-protease-amylase)</i> ) 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART | Tier 2           |  |
| ZOKINVY ( <i>lonafarnib</i> ) 50 MG CAP, 75 MG CAP  | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 caps/day) |

## **GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney)**

### **ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)**

|   |        |                      |
|---|--------|----------------------|
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)  | Tier 1 | ST, QLC (1 tab/day)  |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER) | Tier 1 | ST, QLC (2 tabs/day) |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| DETROL ( <i>tolterodine tartrate</i> ) 1 MG TAB, 2 MG TAB                           | Tier 3           | ST, QLC (2 tabs/day)                    |
| DETROL LA ( <i>tolterodine tartrate</i> ) 2 MG CAP ER 24H, 4 MG CAP ER 24H          | Tier 3           | ST, QLC (1 tab/day)                     |
| DITROPAN XL ( <i>oxybutynin chloride</i> ) 10 MG TAB ER 24H                         | Tier 3           | QLC (3 tabs/day)                        |
| DITROPAN XL ( <i>oxybutynin chloride</i> ) 5 MG TAB ER 24H                          | Tier 3           | QLC (1 tab/day)                         |
| ENABLEX ( <i>darifenacin hydrobromide</i> ) 7.5 MG TAB ER 24H                       | Tier 3           | ST, QLC (2 tabs/day)                    |
| <i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) <i>2hr</i> | Tier 1           | QLC (1 tab/day)                         |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)            | Tier 1           | QLC (1 tab/day)                         |
| <i>flavoxate hcl tab 100 mg</i>   | Tier 1           |   |
| GELNIQUE ( <i>oxybutynin chloride</i> ) 10 %  | Tier 3           | ST, QLC (1 pack/day)                    |
| GEMTESA ( <i>vibegron</i> ) 75 MG TAB   | Tier 3           | ST, QLC (1 tab/day)                     |
| <i>mirabegron tab er 24 hr 25 mg</i> (MIRABEGRON ER)                                | Tier 3           | PA, ST, QLC (1 tab/day)                 |
| <i>mirabegron tab er 24 hr 50 mg</i> (MIRABEGRON ER)                                | Tier 3           | PA, ST, QLC (1 tab/day)                 |
| MYRBETRIQ ( <i>mirabegron</i> ) 25 MG TAB ER 24H, 50 MG TAB ER 24H                  | Tier 2           | ST, QLC (1 tab/day)                     |
| MYRBETRIQ ( <i>mirabegron</i> ) 8 MG/ML SRER  | Tier 3           | PA, QLC (10 ml/day)                     |
| OXYBUTYNIN CHLORIDE 2.5 MG TAB  | Tier 1           | PA, QLC (4 tabs/day)                    |
| <i>oxybutynin chloride solution 5 mg/5ml mg/ml</i>                                  | Tier 1           | QLC (20 ml/day)                         |
| <i>oxybutynin chloride tab 5 mg</i>   | Tier 1           |   |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)               | Tier 1           | QLC (3 tabs/day)                        |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)               | Tier 1           | QLC (2 tabs/day)                        |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)                | Tier 1           | QLC (1 tab/day)                         |
| OXYTROL ( <i>oxybutynin</i> ) 3.9 MG/24HR PATCH TW                                  | Tier 3           | ST, QLC (8 patches/month)               |
| <i>solifenacin succinate tab 10 mg</i>  | Tier 1           | QLC (1 tab/day)                         |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>solifenacin succinate tab 5 mg</i>  | Tier 1           | QLC (1 tab/day)                         |
| <i>tolterodine tartrate cap er 24hr 2 mg</i><br>(TOLTERODINE TARTRATE ER) <i>4hr</i> | Tier 1           | QLC (1 tab/day)                         |
| <i>tolterodine tartrate cap er 24hr 4 mg</i><br>(TOLTERODINE TARTRATE ER) <i>2hr</i> | Tier 1           | QLC (1 tab/day)                         |
| <i>tolterodine tartrate tab 1 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| <i>tolterodine tartrate tab 2 mg</i>   | Tier 1           | QLC (2 tabs/day)                        |
| TOVIAZ ( <i>fesoterodine fumarate</i> ) 4 MG<br>TAB ER 24H, 8 MG TAB ER 24H          | Tier 3           | QLC (1 tab/day)                         |
| <i>tropium chloride cap er 24hr 60 mg</i><br>(TROSPIMUM CHLORIDE ER)                 | Tier 1           | QLC (1 cap/day)                         |
| <i>tropium chloride tab 20 mg</i>  | Tier 1           | QLC (2 tabs/day)                        |
| VESICARE ( <i>solifenacin succinate</i> ) 5 MG<br>TAB, 10 MG TAB                     | Tier 3           | QLC (1 tab/day)                         |
| VESICARE LS ( <i>solifenacin succinate</i> ) 5<br>MG/5ML SUSPENSION                  | Tier 3           | PA, QLC (10 ml/day)                     |

### **BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)**

|  |        |   |
|--|--------|---|
| <i>alfuzosin hcl tab er 24hr 10 mg</i><br>(ALFUZOSIN HCL ER)                       | Tier 1 |   |
| AVODART ( <i>dutasteride</i> ) 0.5 MG CAP  | Tier 3 | QLC (1 cap/day)                             |
| CARDURA XL ( <i>doxazosin mesylate (bph)</i> )<br>4 MG TAB ER 24H, 8 MG TAB ER 24H | Tier 3 | PA, QLC (1 tab/day)                         |
| CIALIS ( <i>tadalafil</i> ) 10 MG TAB, 20 MG TAB                                   | Tier 3 | PA, RO (Retail Only), QLC (8<br>tabs/month) |
| CIALIS ( <i>tadalafil</i> ) 2.5 MG TAB, 5 MG TAB                                   | Tier 3 | PA, RO (Retail Only), QLC (1 tab/day)       |
| <i>dutasteride cap 0.5 mg</i>  | Tier 1 | QLC (1 cap/day)                             |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4<br/>mg</i>                               | Tier 1 | PA, QLC (1 cap/day)                         |
| ENTADFI ( <i>finasteride-tadalafil</i> ) 5-5 MG<br>CAP                             | Tier 3 | PA, QLC (1 cap/day; max 182<br>caps/year)   |
| <i>finasteride tab 5 mg</i>  | Tier 1 |   |
| FLOMAX ( <i>tamsulosin hcl</i> ) 0.4 MG CAP  | Tier 3 |   |
| JALYN ( <i>dutasteride-tamsulosin hcl</i> ) 0.5-<br>0.4 MG CAP                     | Tier 3 | PA, QLC (1 cap/day)                         |
| PROSCAR ( <i>finasteride</i> ) 5 MG TAB  | Tier 3 |   |
| RAPAFLO ( <i>silodosin</i> ) 4 MG CAP, 8 MG<br>CAP                                 | Tier 3 | QLC (1 cap/day)                             |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step  
Therapy

| PRESCRIPTION DRUG NAME                              | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS     |
|---|-----------|--------------------------------------|
| <i>silodosin cap 4 mg</i>                           | Tier 1    | QLC (1 cap/day)                      |
| <i>silodosin cap 8 mg</i>                           | Tier 1    | QLC (1 cap/day)                      |
| <i>tadalafil tab 10 mg</i>                          | Tier 1    | RO (Retail Only), QLC (8 tabs/month) |
| <i>tadalafil tab 2.5 mg</i>                         | Tier 1    | RO (Retail Only), QLC (1 tab/day)    |
| <i>tadalafil tab 20 mg</i>                          | Tier 1    | RO (Retail Only), QLC (8 tabs/month) |
| <i>tadalafil tab 5 mg</i>                           | Tier 1    | RO (Retail Only), QLC (1 tab/day)    |
| <i>tamsulosin hcl cap 0.4 mg</i>                    | Tier 1    |                                      |
| UROXATRAL ( <i>alfuzosin hcl</i> ) 10 MG TAB ER 24H | Tier 3    |                                      |

### GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney)

|   |        |   |
|---|--------|---|
| <i>avanafil tab 100 mg</i>  | Tier 1 | PA, RO (Retail Only), QLC (8 tabs/month)    |
| <i>avanafil tab 200 mg</i>  | Tier 1 | PA, RO (Retail Only), QLC (8 tabs/month)    |
| <i>avanafil tab 50 mg</i>   | Tier 1 | PA, RO (Retail Only), QLC (8 tabs/month)    |
| <i>bethanechol chloride tab 10 mg</i>   | Tier 1 |   |
| <i>bethanechol chloride tab 25 mg</i>   | Tier 1 |   |
| <i>bethanechol chloride tab 5 mg</i>  | Tier 1 |   |
| <i>bethanechol chloride tab 50 mg</i>   | Tier 1 |   |
| CYTRA K CRYSTALS ( <i>potassium citrate-citric acid</i> ) 3300-1002 MG PACET  | Tier 1 |   |
| ELMIRON ( <i>pentosan polysulfate sodium</i> ) 100 MG CAP                     | Tier 2 |   |
| FILSPARI ( <i>sparsentan</i> ) 200 MG TAB, 400 MG TAB                         | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| INTRAROSA ( <i>prasterone vaginal</i> ) 6.5 MG INSERT                         | Tier 3 | PA, QLC (1 insert/day)                      |
| K-PHOS ( <i>potassium phosphate monobasic</i> ) -500 MG TAB                   | Tier 3 |   |
| K-PHOS NO 2 ( <i>potassium &amp; sodium acid phosphates</i> ) -305-700 MG TAB | Tier 3 |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                        |
|---|------------------|--|
| K-PHOS-NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> ) --155-852-130 MG TAB | Tier 3           |  |
| LEVITRA ( <i>vardeafil hcl</i> ) 10 MG TAB, 20 MG TAB   | Tier 3           | PA, RO (Retail Only), QLC (8 tabs/month)                       |
| LITHOSTAT ( <i>acetohydroxamic acid</i> ) 250 MG TAB  | Tier 3           |  |
| ORACIT ( <i>sodium citrate &amp; citric acid</i> ) 490-640 MG/5ML SOLUTION                                      | Tier 3           |  |
| ORAL CITRATE ( <i>sodium citrate &amp; citric acid</i> ) 490-640 MG/5ML SOLUTION                                | Tier 3           |  |
| <i>phenazopyridine hcl tab 100 mg</i>   | Tier 1           |  |
| <i>phenazopyridine hcl tab 200 mg</i>   | Tier 1           |  |
| PHEXXI ( <i>lactic acid-citric acid-potassium bitartrate</i> ) 1.8-1-0.4 % GEL                                  | Tier 3           | ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days) |
| <i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (POT & SOD CIT-CIT AC)                          | Tier 1           |  |
| pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Tricitrates)  | Tier 1           |  |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic                           | Tier 1           |  |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic                      | Tier 1           |  |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic                                   | Tier 1           |  |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic                         | Tier 1           |  |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic                          | Tier 1           |  |
| <i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)                 | Tier 1           |  |
| potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)  | Tier 1           |  |
| PYRIDIUM ( <i>phenazopyridine hcl</i> ) 100 MG TAB, 200 MG TAB  | Tier 3           |  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|---|------------------|--|
| RENACIDIN ( <i>citric acid-gluconolactone-magnesium carbonate</i> ) SOLUTION          | Tier 3           | PA, QLC (180 ml/day)                     |
| <i>sildenafil citrate tab 100 mg</i>  | Tier 1           | RO (Retail Only), QLC (8 tabs/month)     |
| <i>sildenafil citrate tab 25 mg</i>   | Tier 1           | RO (Retail Only), QLC (8 tabs/month)     |
| <i>sildenafil citrate tab 50 mg</i>   | Tier 1           | RO (Retail Only), QLC (8 tabs/month)     |
| <i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i> (SOD CITRATE-CITRIC ACID) | Tier 1           |  |
| STAXYN ( <i>varденаfil hcl</i> ) 10 MG TAB DISP                                       | Tier 3           | PA, RO (Retail Only), QLC (8 tabs/month) |
| THIOLA ( <i>tiopronin</i> ) 100 MG TAB  | Tier 4           | PA, LA                                   |
| THIOLA EC ( <i>tiopronin</i> ) EC 100 MG TAB DR, EC 300 MG TAB DR                     | Tier 4           | PA, LA                                   |
| <i>tiopronin tab 100 mg</i>   | Tier 4           | PA, S (Specialty Drug)                   |
| <i>tiopronin tab delayed release 100 mg</i>   | Tier 4           | PA, LA                                   |
| <i>tiopronin tab delayed release 300 mg</i>   | Tier 4           | PA, LA                                   |
| <i>varденаfil hcl orally disintegrating tab 10 mg</i>                                 | Tier 1           | PA, RO (Retail Only), QLC (8 tabs/month) |
| <i>varденаfil hcl tab 10 mg</i>   | Tier 1           | PA, RO (Retail Only), QLC (8 tabs/month) |
| <i>varденаfil hcl tab 2.5 mg</i>  | Tier 1           | PA, RO (Retail Only), QLC (8 tabs/month) |
| <i>varденаfil hcl tab 20 mg</i>   | Tier 1           | PA, RO (Retail Only), QLC (8 tabs/month) |
| <i>varденаfil hcl tab 5 mg</i>  | Tier 1           | PA, RO (Retail Only), QLC (8 tabs/month) |
| VIAGRA ( <i>sildenafil citrate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB                 | Tier 3           | PA, RO (Retail Only), QLC (8 tabs/month) |

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)**

|   |        |  |
|---|--------|--|
| ACTHAR ( <i>corticotropin</i> ) 80 UNIT/ML GEL              | Tier 4 | PA, LA, S (Specialty Drug)                   |
| ACTHAR GEL ( <i>corticotropin</i> ) CTHR 40 UNIT/0.5ML -INJ | Tier 4 | PA, LA, S (Specialty Drug), QLC (0.5 ml/day) |
| ACTHAR GEL ( <i>corticotropin</i> ) CTHR 80 UNIT/ML -INJ    | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 ml/day)   |

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| <b>PRESCRIPTION DRUG NAME</b>                            | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|--|------------------|--|
| CORTISONE ACETATE 25 MG TAB                              | Tier 1           |  |
| CORTROPHIN ( <i>corticotropin</i> ) 80 UNIT/ML GEL       | Tier 4           | PA, LA, S (Specialty Drug)               |
| <i>deflazacort susp 22.75 mg/ml</i>                      | Tier 4           | PA, LA, QLC (6 bottles/month)            |
| <i>deflazacort tab 18 mg</i>                             | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)  |
| <i>deflazacort tab 30 mg</i>                             | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day) |
| <i>deflazacort tab 36 mg</i>                             | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day) |
| <i>deflazacort tab 6 mg</i>                              | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day) |
| DEXABLISS ( <i>dexamethasone</i> ) 1.5 MG (39) TAB THPK  | Tier 3           | PA                                       |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION                        | Tier 1           |  |
| DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK | Tier 1           | PA                                       |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                   | Tier 1           |  |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC                      | Tier 1           |  |
| <i>dexamethasone tab 0.5 mg</i>                          | Tier 1           |  |
| dexamethasone tab 0.5 mg (Decadron)                      | Tier 1           |  |
| <i>dexamethasone tab 0.75 mg</i>                         | Tier 1           |  |
| dexamethasone tab 0.75 mg (Decadron)                     | Tier 1           |  |
| <i>dexamethasone tab 1 mg</i>                            | Tier 1           |  |
| <i>dexamethasone tab 1.5 mg</i>                          | Tier 1           |  |
| <i>dexamethasone tab 2 mg</i>                            | Tier 1           |  |
| <i>dexamethasone tab 4 mg</i>                            | Tier 1           |  |
| dexamethasone tab 4 mg (Decadron)                        | Tier 1           |  |
| <i>dexamethasone tab 6 mg</i>                            | Tier 1           |  |
| dexamethasone tab 6 mg (Decadron)                        | Tier 1           |  |
| <i>dexamethasone tab therapy pack 1.5 mg (21)</i>        | Tier 1           | PA                                       |
| dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day) | Tier 1           | PA                                       |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day)   | Tier 1           | PA                                      |
| DXEVO 11-DAY ( <i>dexamethasone</i> ) -1.5 MG TAB THPK  | Tier 3           | PA                                      |
| EMFLAZA ( <i>deflazacort</i> ) 18 MG TAB  | Tier 4           | PA, LA, QLC (1 tab/day)                 |
| EMFLAZA ( <i>deflazacort</i> ) 22.75 MG/ML SUSPENSION   | Tier 4           | PA, LA, QLC (6 bottles/month)           |
| EMFLAZA ( <i>deflazacort</i> ) 6 MG TAB, 30 MG TAB, 36 MG TAB   | Tier 4           | PA, LA, QLC (2 tabs/day)                |
| <i>fludrocortisone acetate tab 0.1 mg</i>   | Tier 1           |   |
| MEDROL ( <i>methylprednisolone</i> ) 2 MG TAB   | Tier 2           |   |
| MEDROL ( <i>methylprednisolone</i> ) 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB                    | Tier 3           |   |
| <i>methylprednisolone tab 16 mg</i>   | Tier 1           |   |
| <i>methylprednisolone tab 32 mg</i>   | Tier 1           |   |
| <i>methylprednisolone tab 4 mg</i>  | Tier 1           |   |
| <i>methylprednisolone tab 8 mg</i>  | Tier 1           |   |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>  | Tier 1           |   |
| MIFEPREX ( <i>mifepristone</i> ) 200 MG TAB   | Tier 3           | QLC (1 tablet/fill)                     |
| <i>mifepristone tab 200 mg</i>  | Tier 1           | QLC (1 tablet/fill)                     |
| MILLIPRED ( <i>prednisolone</i> ) 5 MG TAB  | Tier 3           | PA                                      |
| ORAPRED ODT ( <i>prednisolone sodium phosphate</i> ) ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP | Tier 3           | PA                                      |
| PEDIAPRED ( <i>prednisolone sodium phosphate</i> ) 6.7 (5 BASE) MG/5ML SOLUTION                                 | Tier 3           |   |
| <i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)               | Tier 1           | PA                                      |
| <i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)               | Tier 1           | PA                                      |
| <i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)               | Tier 1           | PA                                      |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i><br>(PREDNISOLONE SODIUM PHOSPHATE) | Tier 1           |   |
| <i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)     | Tier 1           |   |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)     | Tier 1           |   |
| <i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)     | Tier 1           |   |
| PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP                           | Tier 1           | PA                                      |
| PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION   | Tier 1           |   |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>                                     | Tier 1           |   |
| <i>prednisolone soln 15 mg/5ml</i>   | Tier 1           |   |
| <i>prednisolone tab 5 mg</i>   | Tier 1           | PA                                      |
| prednisolone tab 5 mg (Millipred)  | Tier 1           | PA                                      |
| PREDNISON 5 MG/5ML SOLUTION  | Tier 1           |   |
| PREDNISON INTENSOL 5 MG/ML CONC  | Tier 1           |   |
| <i>prednisone tab 1 mg</i>   | Tier 1           |   |
| <i>prednisone tab 10 mg</i>  | Tier 1           |   |
| <i>prednisone tab 2.5 mg</i>   | Tier 1           |   |
| <i>prednisone tab 20 mg</i>  | Tier 1           |   |
| <i>prednisone tab 5 mg</i>   | Tier 1           |   |
| <i>prednisone tab 50 mg</i>  | Tier 1           |   |
| <i>prednisone tab therapy pack 10 mg (21)</i>  | Tier 1           |   |
| <i>prednisone tab therapy pack 10 mg (48)</i>  | Tier 1           |   |
| <i>prednisone tab therapy pack 5 mg (21)</i>   | Tier 1           |   |
| <i>prednisone tab therapy pack 5 mg (48)</i>   | Tier 1           |   |
| RAYOS ( <i>prednisone</i> ) 1 MG TAB DR  | Tier 3           | PA, QLC (1 tab/day)                     |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>                                  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| RAYOS ( <i>prednisone</i> ) 2 MG TAB DR                        | Tier 3           | PA, QLC (2 tabs/day)                    |
| RAYOS ( <i>prednisone</i> ) 5 MG TAB DR                        | Tier 3           | PA, QLC (12 tabs/day)                   |
| TAPERDEX 12-DAY ( <i>dexamethasone</i> ) -1.5 MG (49) TAB THPK | Tier 1           | PA                                      |
| TAPERDEX 7-DAY ( <i>dexamethasone</i> ) -1.5 MG (2) TAB THPK   | Tier 1           | PA                                      |
| TARPEYO ( <i>budesonide</i> ) 4 MG CAP DR                      | Tier 4           | PA, LA, QLC (4 caps/day)                |
| ZCORT 7-DAY ( <i>dexamethasone</i> ) -1.5 MG (25) TAB THPK     | Tier 3           | PA                                      |

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)**

|  |        |  |
|--|--------|--|
| CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN   | Tier 4 | PA, S (Specialty Drug)                       |
| DDAVP ( <i>desmopressin acetate</i> ) 0.1 MG TAB, 0.2 MG TAB   | Tier 3 |  |
| DDAVP RHINAL TUBE ( <i>desmopressin acetate refrigerated</i> ) 0.01 % SOLUTION                                     | Tier 3 | PA   |
| DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION  | Tier 4 | LA, QLC (2.5 ml/month)                       |
| <i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)                                    | Tier 1 |  |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)                  | Tier 1 |  |
| <i>desmopressin acetate tab 0.1 mg</i>   | Tier 1 |  |
| <i>desmopressin acetate tab 0.2 mg</i>   | Tier 1 |  |
| EGRIFTA SV ( <i>tesamorelin acetate</i> ) 2 MG RECON SOLN  | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 vial/day) |
| FOLLISTIM AQ ( <i>follitropin beta</i> ) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION | Tier 4 | PA, S (Specialty Drug)                       |
| GENOTROPIN ( <i>somatropin</i> ) 5 MG CARTRIDGE, 12 MG CARTRIDGE   | Tier 4 | PA, S (Specialty Drug)                       |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| GENOTROPIN MINIQUICK ( <i>somatropin</i> ) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR | Tier 4           | PA, S (Specialty Drug)                  |
| GONAL-F ( <i>follitropin alfa</i> ) -F 450 RECON SOLN, -F 1050 RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                  |
| GONAL-F RFF ( <i>follitropin alfa</i> ) -75 UNIT RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                  |
| GONAL-F RFF REDIJECT ( <i>follitropin alfa</i> ) -F 300 UNIT/0.5ML SOLN PEN, -F 450 UNT/0.75ML SOLN PEN, -F 900 UNIT/1.5ML SOLN PEN   | Tier 4           | PA, S (Specialty Drug)                  |
| INCRELEX ( <i>mecasermin</i> ) 40 MG/4ML SOLUTION   | Tier 4           | PA, LA                                  |
| ISTURISA ( <i>osilodrostat phosphate</i> ) 1 MG TAB   | Tier 4           | PA, LA, QLC (8 tabs/day)                |
| ISTURISA ( <i>osilodrostat phosphate</i> ) 10 MG TAB  | Tier 4           | PA, LA, QLC (6 tabs/day)                |
| ISTURISA ( <i>osilodrostat phosphate</i> ) 5 MG TAB   | Tier 4           | PA, LA, QLC (2 tabs/day)                |
| MENOPUR ( <i>menotropins</i> ) 75 UNIT RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                  |
| MYFEMBREE ( <i>relugolix-estradiol-norethindrone acetate</i> ) 40-1-0.5 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| NGENLA ( <i>somatrogon-ghla</i> ) 24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN  | Tier 4           | PA, LA, S (Specialty Drug)              |
| NOCDURNA ( <i>desmopressin acetate</i> ) 27.7 MCG SL TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| NOCDURNA ( <i>desmopressin acetate</i> ) 55.3 MCG SL TAB  | Tier 3           | PA, QLC (1 tab/day)                     |
| NORDITROPIN FLEXPRO ( <i>somatropin</i> ) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN   | Tier 4           | PA, S (Specialty Drug)                  |
| NOVAREL ( <i>chorionic gonadotropin</i> ) 5000 RECON SOLN, 10000 RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                  |
| NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> ) MG/2ML SOLN PEN   | Tier 4           | PA, LA, S (Specialty Drug)              |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>            |
|--|------------------|--|
| NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )<br>MG/2ML SOLN PEN   | Tier 4           | PA, LA, S (Specialty Drug)                         |
| NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )<br>MG/2ML SOLN PEN  | Tier 4           | PA, LA, S (Specialty Drug)                         |
| OMNITROPE ( <i>somatropin</i> ) 5 MG/1.5ML<br>SOLN CART, 5.8 MG RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                             |
| OVIDREL ( <i>choriogonadotropin alfa</i> ) 250<br>MCG/0.5ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug), QLC (1<br>syringe/28 days) |
| PREGNYL ( <i>chorionic gonadotropin</i> )<br>10000 UNIT RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                             |
| SAIZEN ( <i>somatropin (non-refrigerated)</i> )<br>5 MG RECON SOLN, 8.8 MG RECON<br>SOLN   | Tier 4           | PA, LA, S (Specialty Drug)                         |
| SAIZENPREP ( <i>somatropin (non-<br/>refrigerated)</i> ) 8.8 MG RECON SOLN   | Tier 4           | PA, LA, S (Specialty Drug)                         |
| SEROSTIM ( <i>somatropin (non-<br/>refrigerated)</i> ) 4 MG RECON SOLN, 5 MG<br>RECON SOLN, 6 MG RECON SOLN  | Tier 4           | PA, LA, S (Specialty Drug)                         |
| SKYTROFA ( <i>lonapegsomatropin-tcgd</i> ) 3<br>MG CARTRIDGE, 3.6 MG CARTRIDGE,<br>4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE,<br>6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE,<br>9.1 MG CARTRIDGE, 11 MG CARTRIDGE,<br>13.3 MG CARTRIDGE | Tier 4           | PA, S (Specialty Drug)                             |
| SOGROYA ( <i>somapacitan-beco</i> ) 5<br>MG/1.5ML SOLN PEN, 10 MG/1.5ML<br>SOLN PEN, 15 MG/1.5ML SOLN PEN  | Tier 4           | PA, LA, S (Specialty Drug)                         |
| STIMATE ( <i>desmopressin acetate</i> ) 1.5<br>MG/ML SOLUTION  | Tier 4           | S (Specialty Drug), QLC (2.5<br>ml/month)          |
| ZOMACTON (FOR ZOMA-JET 10)<br>( <i>somatropin</i> ) CTON -MG RECON SOLN  | Tier 4           | PA, S (Specialty Drug)                             |
| ZOMACTON ( <i>somatropin</i> ) 5 MG RECON<br>SOLN, 10 MG RECON SOLN  | Tier 4           | PA, S (Specialty Drug)                             |
| ZORBTIVE ( <i>somatropin (non-<br/>refrigerated)</i> ) 8.8 MG RECON SOLN   | Tier 4           | PA, S (Specialty Drug)                             |

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)**

|   |        |                              |
|---|--------|------------------------------|
| CAVERJECT ( <i>alprostadil (vasodilator)</i> )<br>20 MCG RECON SOLN, 40 MCG RECON<br>SOLN | Tier 3 | PA, QLC (6 injections/month) |
|---|--------|------------------------------|

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Therapy

| PRESCRIPTION DRUG NAME  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| CAVERJECT IMPULSE ( <i>alprostadil (vasodilator)</i> ) 10 MCG KIT, 20 MCG KIT                                 | Tier 3    | PA, QLC (6 injections/month)     |
| CYTOTEC ( <i>misoprostol</i> ) 100 MCG TAB, 200 MCG TAB   | Tier 3    |                                  |
| EDEX ( <i>alprostadil (vasodilator)</i> ) 10 MCG KIT, 20 MCG KIT, 40 MCG KIT                                  | Tier 3    | PA, QLC (6 injections/month)     |
| <i>misoprostol tab 100 mcg</i>  | Tier 1    |                                  |
| <i>misoprostol tab 200 mcg</i>  | Tier 1    |                                  |
| MUSE ( <i>alprostadil (vasodilator)</i> ) 125 MCG PELLETT, 250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT | Tier 3    | PA, QLC (6 suppositories/month)  |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

### ANABOLIC STEROIDS

|                               |        |                  |
|-------------------------------|--------|------------------|
| OXANDROLONE 10 MG TAB         | Tier 1 | QLC (2 tabs/day) |
| OXANDROLONE 2.5 MG TAB        | Tier 1 | QLC (8 tabs/day) |
| <i>oxandrolone tab 10 mg</i>  | Tier 1 | QLC (2 tabs/day) |
| <i>oxandrolone tab 2.5 mg</i> | Tier 1 | QLC (8 tabs/day) |

### ANDROGENS

|  |        |                           |
|--|--------|---------------------------|
| ANDRODERM ( <i>testosterone</i> ) 2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR | Tier 3 | PA, QLC (1 patch/day)     |
| ANDROGEL ( <i>testosterone</i> ) 20.25 MG/1.25GM (1.62%)                     | Tier 3 | PA, QLC (1 packet/day)    |
| ANDROGEL ( <i>testosterone</i> ) 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL    | Tier 3 | PA, QLC (300 grams/month) |
| ANDROGEL ( <i>testosterone</i> ) 40.5 MG/2.5GM (1.62%)                       | Tier 3 | PA, QLC (2 packets/day)   |
| ANDROGEL PUMP ( <i>testosterone</i> ) 20.25 MG/ACT (1.62%)                   | Tier 3 | PA, QLC (2 bottles/month) |
| <i>danazol cap 100 mg</i>  | Tier 1 |                           |
| <i>danazol cap 200 mg</i>  | Tier 1 |                           |
| <i>danazol cap 50 mg</i>   | Tier 1 |                           |
| FORTESTA ( <i>testosterone</i> ) 10 MG/ACT (2%) GEL                          | Tier 3 | PA, QLC (2 bottles/month) |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| JATENZO ( <i>testosterone undecanoate</i> )<br>158 MG CAP, 198 MG CAP | Tier 3           | PA, QLC (4 caps/day)                    |
| JATENZO ( <i>testosterone undecanoate</i> )<br>237 MG CAP             | Tier 3           | PA, QLC (2 caps/day)                    |
| METHITEST ( <i>methyltestosterone</i> ) 10 MG<br>TAB                  | Tier 1           | PA                                      |
| <i>methyltestosterone cap 10 mg</i>                                   | Tier 1           | PA                                      |
| NATESTO ( <i>testosterone</i> ) 5.5 MG/ACT<br>GEL                     | Tier 3           | PA, QLC (3 bottles/month)               |
| TESTIM ( <i>testosterone</i> ) 50 MG/5GM (1%)<br>GEL                  | Tier 3           | PA, QLC (300 grams/month)               |
| TESTOSTERONE 10 MG/ACT (2%) GEL                                       | Tier 1           | PA, QLC (2 bottles/month)               |
| TESTOSTERONE 12.5 MG/ACT (1%) GEL,<br>50 MG/5GM (1%) GEL              | Tier 1           | PA, QLC (300 grams/month)               |
| <i>testosterone cypionate im inj in oil 100<br/>mg/ml</i>             | Tier 1           | QLC (10 ml/month)                       |
| testosterone cypionate im inj in oil 100<br>mg/ml (Depo-Testosterone) | Tier 1           | QLC (10 ml/month)                       |
| <i>testosterone cypionate im inj in oil 200<br/>mg/ml</i>             | Tier 1           | QLC (10 ml/month)                       |
| testosterone cypionate im inj in oil 200<br>mg/ml (Depo-Testosterone) | Tier 1           | QLC (10 ml/month)                       |
| TESTOSTERONE ENANTHATE 200<br>MG/ML SOLUTION                          | Tier 1           | QLC (5 ml/month)                        |
| <i>testosterone td gel 10mg/act (2%)</i>                              | Tier 1           | PA, QLC (2 bottles/month)               |
| <i>testosterone td gel 12.5 mg/act (1%)</i>                           | Tier 1           | PA, QLC (300 grams/month)               |
| <i>testosterone td gel 20.25 mg/1.25gm<br/>(1.62%)</i>                | Tier 1           | PA, QLC (1 packet/day)                  |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>                       | Tier 1           | PA, QLC (2 bottles/month)               |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i>                           | Tier 1           | PA, QLC (300 grams/month)               |
| <i>testosterone td gel 40.5 mg/2.5gm<br/>(1.62%)</i>                  | Tier 1           | PA, QLC (2 packets/day)                 |
| <i>testosterone td gel 50 mg/5gm (1%)</i>                             | Tier 1           | PA, QLC (300 grams/month)               |
| <i>testosterone td soln 30 mg/act</i>                                 | Tier 1           | PA, QLC (2 bottles/month)               |
| TLANDO ( <i>testosterone undecanoate</i> )<br>112.5 MG CAP            | Tier 3           | PA, QLC (4 caps/day)                    |
| UNDECATREX ( <i>testosterone<br/>undecanoate</i> ) 200 MG CAP         | Tier 3           | PA, QLC (4 caps/day)                    |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>         |
|--|------------------|---|
| VOGELXO ( <i>testosterone</i> ) 50 MG/5GM (1%)   | Tier 3           | PA, QLC (300 grams/month)                       |
| VOGELXO PUMP ( <i>testosterone</i> ) 12.5 MG/ACT (1%)  | Tier 3           | PA, QLC (300 grams/month)                       |
| XYOSTED ( <i>testosterone enanthate</i> ) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ   | Tier 3           | PA, QLC (1 injection/week)                      |
| <b>ESTROGENS (Contraceptives and Drugs for Menopause)</b>  |                  |   |
| ALORA ( <i>estradiol</i> ) 0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW   | Tier 3           | QLC (16 patches/28 days)                        |
| ANGELIQ ( <i>drospirenone-estradiol</i> ) 0.25-0.5 MG TAB, 0.5-1 MG TAB  | Tier 3           | QLC (1 tab/day)                                 |
| ANNOVERA ( <i>segesterone acetate-ethinyl estradiol</i> ) 0.013-0.15 MG/24HR RING  | Tier 3           | ACA (Preventive Health), QLC (1 ring/ 365 days) |
| BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i> ) 0.1-20 MG-MCG(21) TAB   | Tier 3           |   |
| BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> ) 3-0.02-0.451 MG TAB   | Tier 3           |   |
| BIJUVA ( <i>estradiol-progesterone</i> ) 0.5-100 MG CAP  | Tier 3           | QLC (1 cap/day)                                 |
| CLIMARA ( <i>estradiol</i> ) 0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK | Tier 3           | QLC (8 patches/28 days)                         |
| CLIMARA PRO ( <i>estradiol-levonorgestrel</i> ) 0.045-0.015 MG/DAY PATCH WK  | Tier 2           | QLC (4 patches/month)                           |
| DELESTROGEN ( <i>estradiol valerate</i> ) 10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL   | Tier 3           |   |
| DEPO-ESTRADIOL ( <i>estradiol cypionate</i> ) -5 MG/ML OIL   | Tier 3           |   |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)  | Tier 1           | ACA (Preventive Health)                         |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)  | Tier 1           | ACA (Preventive Health)                         |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)                                | Tier 1           | ACA (Preventive Health)                 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)                               | Tier 1           | ACA (Preventive Health)                 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)                               | Tier 1           | ACA (Preventive Health)                 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)                               | Tier 1           | ACA (Preventive Health)                 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)                                | Tier 1           | ACA (Preventive Health)                 |
| desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)<br>desog--0.025/25---         | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)  | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)  | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)   | Tier 1           | ACA (Preventive Health)                 |
| <b><i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (DESOGESTREL-ETHINYL ESTRADIOL) | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)                                       | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)   | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)  | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)   | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)   | Tier 1           | ACA (Preventive Health)                 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)                                       | Tier 1           | ACA (Preventive Health)                 |
| DIVIGEL ( <i>estradiol</i> ) 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL   | Tier 3           | QLC (1 pack/day)                        |
| DIVIGEL ( <i>estradiol</i> ) 0.75 MG/0.75GM  | Tier 3           | QLC (1 pack/day)                        |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| DROSPIREN-ETH ESTRAD-<br>LEVOMEFOL ( <i>drospirenone-ethinyl<br/>estradiol-levomefolate calcium</i> ) --3-<br>0.03-0.451 MG TAB | Tier 1           | ACA (Preventive Health)                 |
| <i>drospirenone-ethinyl estrad-<br/>levomefolate tab 3-0.02-0.451 mg</i><br>(DROSPIREN-ETH ESTRAD-<br>LEVOMEFOL)                | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estrad-<br>levomefolate tab 3-0.03-0.451 mg<br>(Tydemy) ---0.0-  | Tier 1           | ACA (Preventive Health)                 |
| <i>drospirenone-ethinyl estradiol tab 3-<br/>0.02 mg</i>  | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.02 mg (Gianvi)   | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.02 mg (Jasmiel)  | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.02 mg (Lo-Zumandimine)   | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.02 mg (Loryna)   | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.02 mg (Nikki)  | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.02 mg (Vestura)  | Tier 1           | ACA (Preventive Health)                 |
| <i>drospirenone-ethinyl estradiol tab 3-<br/>0.03 mg</i>  | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.03 mg (Ocella)   | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.03 mg (Syeda)  | Tier 1           | ACA (Preventive Health)                 |
| drospirenone-ethinyl estradiol tab 3-<br>0.03 mg (Zumandimine)  | Tier 1           | ACA (Preventive Health)                 |
| ELESTRIN ( <i>estradiol</i> ) 0.52 MG/0.87 GM<br>(0.06%) GEL  | Tier 3           | QLC (1 bottle/month)                    |
| esterified estrogens &<br>methyltestosterone tab 0.625-1.25 mg<br>(Covaryx Hs)  | Tier 1           |   |
| esterified estrogens &<br>methyltestosterone tab 0.625-1.25 mg<br>(Eemt Hs)   | Tier 1           |   |

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Therapy



| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS) | Tier 1           |   |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)    | Tier 1           |   |
| esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)                         | Tier 1           |   |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)                                  | Tier 1           |   |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)                                     | Tier 1           |   |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)   | Tier 1           |   |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)      | Tier 1           |   |
| esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)                           | Tier 1           |   |
| ESTRACE ( <i>estradiol vaginal</i> ) 0.1 MG/GM CREAM   | Tier 3           |   |
| ESTRACE ( <i>estradiol</i> ) 0.5 MG TAB, 1 MG TAB, 2 MG TAB  | Tier 3           |   |
| <i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>                                       | Tier 1           | QLC (1 bottle/month)                    |
| <i>estradiol tab 0.5 mg</i>  | Tier 1           |   |
| <i>estradiol tab 1 mg</i>  | Tier 1           |   |
| <i>estradiol tab 2 mg</i>  | Tier 1           |   |
| <i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>  | Tier 1           | QLC (1 pack/day)                        |
| <i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>  | Tier 1           | QLC (1 pack/day)                        |
| <i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>  | Tier 1           | QLC (1 pack/day)                        |
| <i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>   | Tier 1           | QLC (1 pack/day)                        |
| <i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>  | Tier 1           | QLC (1 pack/day)                        |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                                   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.025 mg/24hr (Dotti)           | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)         | Tier 1           | QLC (16 patches/28 days)                |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)          | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)        | Tier 1           | QLC (16 patches/28 days)                |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.05 mg/24hr (Dotti)            | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)          | Tier 1           | QLC (16 patches/28 days)                |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.075 mg/24hr (Dotti)           | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)         | Tier 1           | QLC (16 patches/28 days)                |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.1 mg/24hr (Dotti)             | Tier 1           | QLC (16 patches/28 days)                |
| estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)           | Tier 1           | QLC (16 patches/28 days)                |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                  | Tier 1           | QLC (8 patches/28 days)                 |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | Tier 1           | QLC (8 patches/28 days)                 |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                   | Tier 1           | QLC (8 patches/28 days)                 |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                   | Tier 1           | QLC (8 patches/28 days)                 |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                  | Tier 1           | QLC (8 patches/28 days)                 |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                    | Tier 1           | QLC (8 patches/28 days)                 |
| <i>estradiol vaginal cream 0.1 mg/gm</i>                        | Tier 1           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>estradiol vaginal tab 10 mcg</i>   | Tier 1           |   |
| estradiol vaginal tab 10 mcg (Yuvafem)  | Tier 1           |   |
| <i>estradiol valerate im in oil 10 mg/ml</i>  | Tier 1           |   |
| <i>estradiol valerate im in oil 20 mg/ml</i>  | Tier 1           |   |
| <i>estradiol valerate im in oil 40 mg/ml</i>  | Tier 1           |   |
| ESTRING ( <i>estradiol vaginal</i> ) 2 MG RING, 7.5 MCG/24HR RING                                   | Tier 2           | QLC (1 ring/90 days)                    |
| ESTROGEL ( <i>estradiol</i> ) 0.75 MG/1.25 GM (0.06%)   | Tier 3           | QLC (1 bottle/month)                    |
| ESTROSTEP FE ( <i>norethindrone acetate-ethinyl estradiol-fe</i> ) 1-20/1-30/1-35 MG-MCG TAB        | Tier 3           |   |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL) | Tier 1           | ACA (Preventive Health)                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)                              | Tier 1           | ACA (Preventive Health)                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))                          | Tier 1           | ACA (Preventive Health)                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))                         | Tier 1           | ACA (Preventive Health)                 |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL) | Tier 1           | ACA (Preventive Health)                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)                              | Tier 1           | ACA (Preventive Health)                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)                              | Tier 1           | ACA (Preventive Health)                 |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>                                    | Tier 1           | ACA (Preventive Health)                 |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)                                 | Tier 1           | ACA (Preventive Health)                 |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)                              | Tier 1           | ACA (Preventive Health)                 |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)                                | Tier 1           | ACA (Preventive Health)                 |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>                                   | Tier 1           | ACA (Preventive Health)                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>       |
|--|------------------|---|
| etonogestrel-ethinyl estradiol va ring<br>0.120-0.015 mg/24hr (Enilloring)                                       | Tier 1           | ACA (Preventive Health)                       |
| EVAMIST ( <i>estradiol</i> ) 1.53 MG/SPRAY<br>SOLUTION   | Tier 3           | QLC (2 bottles/month)                         |
| FEMHRT ( <i>norethindrone acetate-ethinyl<br/>estradiol</i> ) 0.5-2.5 MG-MCG TAB                                 | Tier 3           | QLC (1 tab/day)                               |
| FEMLYV ( <i>norethindrone acet &amp; eth estro</i> )<br>1-0.02 MG TAB DISP                                       | Tier 3           | ACA (Preventive Health)                       |
| FEMRING ( <i>estradiol acetate vaginal</i> )<br>0.05 MG/24HR RING, 0.1 MG/24HR<br>RING                           | Tier 3           | QLC (1 ring/3 months)                         |
| GENERESS FE ( <i>norethindrone &amp; ethinyl<br/>estradiol-fe</i> ) 0.8-25 MG-MCG CHEW<br>TAB                    | Tier 3           |   |
| IMVEXXY MAINTENANCE PACK<br>( <i>estradiol vaginal</i> ) 10 MCG INSERT   | Tier 3           | PA, QLC (8 inserts/28 days)                   |
| IMVEXXY MAINTENANCE PACK<br>( <i>estradiol vaginal</i> ) 4 MCG INSERT  | Tier 3           | PA, QLC (8 inserts/28 days)                   |
| IMVEXXY STARTER PACK ( <i>estradiol<br/>vaginal</i> ) 10 MCG INSERT  | Tier 3           | PA, QLC (18 inserts/28 days; 2<br>fills/year) |
| IMVEXXY STARTER PACK ( <i>estradiol<br/>vaginal</i> ) 4 MCG INSERT   | Tier 3           | PA, QLC (18 inserts/28 days; 2<br>fills/year) |
| levonor-eth est tab 0.15-<br>0.02/0.025/0.03 mg & eth est 0.01 mg<br>(Fayosim)                                   | Tier 1           | ACA (Preventive Health)                       |
| <i>levonor-eth est tab 0.15-<br/>0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i><br>(LEVONORGEST-ETH EST & ETH EST) | Tier 1           | ACA (Preventive Health)                       |
| levonor-eth est tab 0.15-<br>0.02/0.025/0.03 mg & eth est 0.01 mg<br>(Rivelsa)                                   | Tier 1           | ACA (Preventive Health)                       |
| levonorg-eth est tab 0.1-0.02mg(84) &<br>eth est tab 0.01mg(7) (Amethia Lo)                                      | Tier 1           | ACA (Preventive Health)                       |
| levonorg-eth est tab 0.1-0.02mg(84) &<br>eth est tab 0.01mg(7) (Camrese Lo)                                      | Tier 1           | ACA (Preventive Health)                       |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp;<br/>eth est tab 0.01mg(7)</i> (LEVONORGEST-<br>ETH ESTRAD 91-DAY)   | Tier 1           | ACA (Preventive Health)                       |
| levonorg-eth est tab 0.1-0.02mg(84) &<br>eth est tab 0.01mg(7) (Lojaimiess)                                      | Tier 1           | ACA (Preventive Health)                       |
| levonorg-eth est tab 0.15-0.03mg(84) &<br>eth est tab 0.01mg(7) (Amethia)  | Tier 1           | ACA (Preventive Health)                       |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)   | Tier 1           | ACA (Preventive Health)                 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)   | Tier 1           | ACA (Preventive Health)                 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)  | Tier 1           | ACA (Preventive Health)                 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)  | Tier 1           | ACA (Preventive Health)                 |
| <b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (LEVONORGEST-ETH ESTRAD 91-DAY) | Tier 1           | ACA (Preventive Health)                 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)   | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)                                       | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)   | Tier 1           | ACA (Preventive Health)                 |
| <b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (LEVONORGEST-ETH ESTRAD 91-DAY) | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)   | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)   | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)   | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)   | Tier 1           | ACA (Preventive Health)                 |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)     | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)                                       | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)                                     | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)                                       | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna)                                       | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)                                    | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)                                       | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)                                  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)                                     | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)                                     | Tier 1           | ACA (Preventive Health)                 |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)    | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))                         | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)                                      | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)                                    | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)                                   | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)                          | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)                             | Tier 1           | ACA (Preventive Health)                 |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC) | Tier 1           | ACA (Preventive Health)                 |

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|---|------------------|---|
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))   | Tier 1           | ACA (Preventive Health)                 |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)   | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)  | Tier 1           | ACA (Preventive Health)                 |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)  | Tier 1           | ACA (Preventive Health)                 |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)  | Tier 1           | ACA (Preventive Health)                 |
| LO LOESTRIN FE ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> ) ESTRIN 1 MG-10 MCG 10 MCG TAB                                   | Tier 2           | ACA (Preventive Health)                 |
| LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> ) 0.1-0.02 & 0.01 MG TAB  | Tier 3           |   |
| MENEST ( <i>esterified estrogens</i> ) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB  | Tier 3           |   |
| MENOSTAR ( <i>estradiol</i> ) 14 MCG/24HR PATCH WK  | Tier 3           | QLC (4 patches/28 days)                 |
| MINASTRIN 24 FE ( <i>norethin acet &amp; estrad-fe</i> ) 1-20 MG-MCG() CHEW TAB   | Tier 3           |   |
| MINIVELLE ( <i>estradiol</i> ) 0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW | Tier 3           | QLC (16 patches/28 days)                |
| MIRCETTE ( <i>desogestrel-ethinyl estradiol (biphasic)</i> ) 0.15-0.02/0.01 MG (21/5) TAB   | Tier 3           |   |
| NATAZIA ( <i>estradiol valerate-dienogest</i> ) 3/2-2/2-3/1 MG TAB  | Tier 3           | ACA (Preventive Health)                 |
| NEXTSTELLIS ( <i>drospirenone-estetrol</i> ) 3-14.2 MG TAB  | Tier 3           | ACA (Preventive Health)                 |

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|--|------------------|---|
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (NORELGESTROMIN-ETH ESTRADIOL)     | Tier 1           | ACA (Preventive Health)                 |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)                                  | Tier 1           | ACA (Preventive Health)                 |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)                                  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)                                      | Tier 1           | ACA (Preventive Health)                 |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)                          | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)                                      | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)                                      | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))                            | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))                          | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)                                   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)                                  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)                                   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))                              | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))                              | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)                                  | Tier 1           | ACA (Preventive Health)                 |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE) | Tier 1           | ACA (Preventive Health)                 |

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|--|------------------|---|
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)   | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i></b> (NORETHIN-ETH ESTRADIOL-FE)                | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i></b> (NORETHINDRON-ETHINYL ESTRAD-FE) ---20/-30/-- | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) ---20/-30/--                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) - --20/-30/--                               | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Xarah Fe) ---20/-30/--                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21))   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)   | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i></b> (NORETHINDRONE ACET-ETHINYL EST)                 | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)   | Tier 1           | ACA (Preventive Health)                 |

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|--|------------------|---|
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21))                             | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)                               | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i></b> (NORETHINDRONE ACET-ETHINYL EST) | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)                                | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)                                 | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Feirza 1/20)                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)                                  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)                                   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)                                   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)                                | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)                             | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i></b> (NORETHIN ACE-ETH ESTRAD-FE)    | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)                               | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)                                  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)                            | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)                             | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Feirza 1.5/30)                                 | Tier 1           | ACA (Preventive Health)                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)                             | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)                              | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)                              | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)                           | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)                        | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i></b> (NORETHIN ACE-ETH ESTRAD-FE) | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)                            | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)                                    | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)                            | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)                              | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i></b> (NORETHIN ACE-ETH ESTRAD-FE)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily)                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)                                      | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b> (NORETHIN ACE-ETH ESTRAD-FE)    | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)                                     | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)                              | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)                               | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)                                | Tier 1           | ACA (Preventive Health)                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)                                 | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)                                 | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)                           | Tier 1           | ACA (Preventive Health)                 |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)                                | Tier 1           | ACA (Preventive Health)                 |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)                                      | Tier 1           | QLC (1 tab/day)                         |
| <b><i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i></b><br>(NORETHINDRONE-ETH ESTRADIOL) | Tier 1           | QLC (1 tab/day)                         |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)  | Tier 1           | QLC (1 tab/day)                         |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)  | Tier 1           | QLC (1 tab/day)                         |
| <b><i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i></b><br>(NORETHINDRONE-ETH ESTRADIOL)     | Tier 1           | QLC (1 tab/day)                         |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) ---/1--                        | Tier 1           | ACA (Preventive Health)                 |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) ---/1--                       | Tier 1           | ACA (Preventive Health)                 |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) ---/1--                        | Tier 1           | ACA (Preventive Health)                 |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) ---/1--                        | Tier 1           | ACA (Preventive Health)                 |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) -- -/1--                         | Tier 1           | ACA (Preventive Health)                 |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) ---/1--                       | Tier 1           | ACA (Preventive Health)                 |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) --/1-- -                             | Tier 1           | ACA (Preventive Health)                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) --/1---   | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)   | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)   | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)  | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)   | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (NORGESTIMATE-ETH ESTRADIOL)                        | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)   | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)  | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)   | Tier 1           | ACA (Preventive Health)                 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)   | Tier 1           | ACA (Preventive Health)                 |
| <b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.-- | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) --/0.215-/0.--                             | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) --/0.215-/0.--                                | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) --/0.215-/0.--                                  | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) --/0.215-/0.--                              | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo) --/0.215-/0.--                               | Tier 1           | ACA (Preventive Health)                 |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i><br>(NORGESTIM-ETH ESTRAD TRIPHASIC)<br>--/0.215-/0.25-- | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor) --/0.215-/0.25--                                 | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) --/0.215-/0.25--                               | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) --/0.215-/0.25--                                  | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) -<br>-/0.215-/0.25--                                | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) --/0.215-/0.25--                                   | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem) --/0.215-/0.25--                                | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) --/0.215-/0.25--                                | Tier 1           | ACA (Preventive Health)                 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) --/0.215-/0.25--                                 | Tier 1           | ACA (Preventive Health)                 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)   | Tier 1           | ACA (Preventive Health)                 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)   | Tier 1           | ACA (Preventive Health)                 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)  | Tier 1           | ACA (Preventive Health)                 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)  | Tier 1           | ACA (Preventive Health)                 |
| NUVARING ( <i>etonogestrel-ethinyl estradiol</i> ) NUVA0.12-0.015 MG/24HR  | Tier 3           |   |
| PREMARIN ( <i>estrogens, conjugated vaginal</i> ) 0.625 MG/GM CREAM  | Tier 2           |   |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| PREMARIN ( <i>estrogens, conjugated</i> ) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB   | Tier 3           |   |
| PREMPHASE ( <i>conjugated estrogens-medroxyprogesterone acetate</i> ) 0.625-5 MG TAB   | Tier 2           | QLC (28 tabs/month)                     |
| PREMPRO ( <i>conjugated estrogens-medroxyprogesterone acetate</i> ) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB                      | Tier 2           | QLC (28 tabs/month)                     |
| QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> ) 42-21-21-7 DAYS TAB   | Tier 3           |   |
| SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> ) 3-0.03-0.451 MG TAB   | Tier 3           |   |
| SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> ) 0.15-0.03 & 0.01 MG TAB  | Tier 3           |   |
| TAYTULLA ( <i>norethin acet &amp; estrad-fe</i> ) 1-20 MG-MCG(24) CAP  | Tier 3           |   |
| TYBLUME ( <i>levonorgestrel &amp; eth estradiol</i> ) 0.1-20 MG-MCG CHEW TAB   | Tier 3           | ACA (Preventive Health)                 |
| VAGIFEM ( <i>estradiol vaginal</i> ) 10 MCG TAB  | Tier 3           |   |
| VELIVET ( <i>desogestrel-ethinyl estradiol (triphasic)</i> ) 0.1/0.125/0.15 -0.025 MG TAB  | Tier 1           | ACA (Preventive Health)                 |
| VIVELLE-DOT ( <i>estradiol</i> ) -0.025 MG/24HR PATCH TW, -0.0375 MG/24HR PATCH TW, -0.05 MG/24HR PATCH TW, -0.075 MG/24HR PATCH TW, -0.1 MG/24HR PATCH TW | Tier 3           | QLC (16 patches/28 days)                |
| YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> ) 3-0.03 MG TAB  | Tier 3           |   |
| YAZ ( <i>drospirenone-ethinyl estradiol</i> ) 3-0.02 MG TAB  | Tier 3           |   |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER</b>  |                  |   |
| ACTIVELLA ( <i>estradiol &amp; norethindrone acetate</i> ) 1-0.5 MG TAB  | Tier 3           | QLC (1 tab/day)                         |
| BIJUVA ( <i>estradiol-progesterone</i> ) 1-100 MG CAP  | Tier 3           | QLC (1 cap/day)                         |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>            |
|--|------------------|--|
| COMBIPATCH ( <i>estradiol &amp; norethindrone acetate</i> ) 0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW | Tier 3           | QLC (8 patches/month)                              |
| estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)   | Tier 1           | QLC (1 tab/day)                                    |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)                       | Tier 1           | QLC (1 tab/day)                                    |
| estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)   | Tier 1           | QLC (1 tab/day)                                    |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)                         | Tier 1           | QLC (1 tab/day)                                    |
| estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)  | Tier 1           | QLC (1 tab/day)                                    |
| PREFEST ( <i>estradiol-norgestimate</i> ) 1/1-0.09 MG (15/15) TAB  | Tier 3           | QLC (1 tab/day)                                    |
| <b>PROGESTINS</b>  |                  |  |
| AYGESTIN ( <i>norethindrone acetate</i> ) 5 MG TAB   | Tier 3           |  |
| CRINONE ( <i>progesterone (vaginal)</i> ) 4 % GEL, 8 % GEL   | Tier 3           | PA   |
| ELLA ( <i>ulipristal acetate</i> ) 30 MG TAB   | Tier 3           | ACA (Preventive Health), QLC (1 tab/fill)          |
| ENDOMETRIN ( <i>progesterone (vaginal)</i> ) 100 MG INSERT   | Tier 2           | PA   |
| <i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>  | Tier 4           | PA, S (Specialty Drug), QLC (5 ml/month)           |
| MAKENA ( <i>hydroxyprogesterone caproate</i> ) 250 MG/ML OIL   | Tier 4           | PA, LA, S (Specialty Drug), QLC (5 ml/month)       |
| MAKENA ( <i>hydroxyprogesterone caproate</i> ) MKEN275 MG/1.1ML SOLN - INJ                                       | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 injection/week) |
| <i>medroxyprogesterone acetate tab 10 mg</i>   | Tier 1           |  |
| <i>medroxyprogesterone acetate tab 2.5 mg</i>  | Tier 1           |  |
| <i>medroxyprogesterone acetate tab 5 mg</i>  | Tier 1           |  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| MEGESTROL ACETATE ( <i>megestrol acetate (appetite)</i> ) 625 MG/5ML SUSPENSION | Tier 1           | OAC                                     |
| <i>megestrol acetate susp 40 mg/ml</i>  | Tier 1           | OAC                                     |
| <i>megestrol acetate susp 625 mg/5ml</i>  | Tier 1           | OAC                                     |
| <i>megestrol acetate tab 20 mg</i>  | Tier 1           | OAC                                     |
| <i>megestrol acetate tab 40 mg</i>  | Tier 1           | OAC                                     |
| <i>norethindrone acetate tab 5 mg</i>   | Tier 1           |   |
| norethindrone acetate tab 5 mg (Gallifrey)                                      | Tier 1           |   |
| <i>norethindrone tab 0.35 mg</i>  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Camila)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Deblitane)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Emzahh)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Errin)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Heather)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Incassia)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Jencycla)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Lyleq)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Lyza)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Nora-Be)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Norlyda)   | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Norlyroc)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Sharobel)  | Tier 1           | ACA (Preventive Health)                 |
| norethindrone tab 0.35 mg (Tulana)  | Tier 1           | ACA (Preventive Health)                 |
| ORTHO MICRONOR ( <i>norethindrone (contraceptive)</i> ) 0.35 MG TAB             | Tier 3           |   |
| <i>progesterone cap 100 mg</i>  | Tier 1           |   |
| <i>progesterone cap 200 mg</i>  | Tier 1           |   |
| <i>progesterone im in oil 50 mg/ml</i>  | Tier 1           |   |
| PROMETRIUM ( <i>progesterone</i> ) 100 MG CAP, 200 MG CAP                       | Tier 3           |   |
| PROVERA ( <i>medroxyprogesterone acetate</i> ) 2.5 MG TAB, 5 MG TAB, 10 MG TAB  | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>                                      | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|--|------------------|--|
| SLYND ( <i>drospirenone</i> ) 4 MG TAB                             | Tier 3           | ACA (Preventive Health)                  |
| <b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>                |                  |  |
| CLOMIPHENE CITRATE 50 MG TAB                                       | Tier 1           |  |
| <i>clomiphene citrate tab 50 mg</i>                                | Tier 1           |  |
| clomiphene citrate tab 50 mg (Clomid)                              | Tier 1           |  |
| DUAVEE ( <i>conjugated estrogens-bazedoxifene</i> ) 0.45-20 MG TAB | Tier 2           | QLC (1 tab/day)                          |
| EVISTA ( <i>raloxifene hcl</i> ) 60 MG TAB                         | Tier 3           | QLC (1 tab/day)                          |
| OSPHENA ( <i>ospemifene</i> ) 60 MG TAB                            | Tier 3           | PA, QLC (1 tab/day)                      |
| <i>raloxifene hcl tab 60 mg</i>                                    | Tier 1           | ACA (Preventive Health), QLC (1 tab/day) |

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)**

|   |        |                    |
|---|--------|--------------------|
| ADTHYZA ( <i>thyroid</i> ) 15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 65 MG TAB, 90 MG TAB, 97.5 MG TAB, 120 MG TAB, 130 MG TAB  | Tier 2 |                    |
| ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB   | Tier 2 |                    |
| CYTOMEL ( <i>liothyronine sodium</i> ) 5 MCG TAB, 25 MCG TAB, 50 MCG TAB  | Tier 3 |                    |
| ERMEZA ( <i>levothyroxine sodium</i> ) 150 MCG/5ML SOLUTION   | Tier 3 | PA, QLC (10ml/day) |
| LEVOXYL ( <i>levothyroxine sodium</i> ) 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP | Tier 3 |                    |
| <i>levothyroxine sodium tab 100 mcg</i>   | Tier 1 |                    |
| levothyroxine sodium tab 100 mcg (Euthyrox)   | Tier 1 |                    |
| levothyroxine sodium tab 100 mcg (Levo-T)   | Tier 3 |                    |
| levothyroxine sodium tab 100 mcg (Levoxyl)  | Tier 3 |                    |

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| <b>PRESCRIPTION DRUG NAME</b>                  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| levothyroxine sodium tab 100 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 112 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 112 mcg (Euthyrox)    | Tier 1           |   |
| levothyroxine sodium tab 112 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 112 mcg (Levoxyl)     | Tier 3           |   |
| levothyroxine sodium tab 112 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 125 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 125 mcg (Euthyrox)    | Tier 1           |   |
| levothyroxine sodium tab 125 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 125 mcg (Levoxyl)     | Tier 3           |   |
| levothyroxine sodium tab 125 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 137 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 137 mcg (Euthyrox)    | Tier 1           |   |
| levothyroxine sodium tab 137 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 137 mcg (Levoxyl)     | Tier 3           |   |
| levothyroxine sodium tab 137 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 150 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 150 mcg (Euthyrox)    | Tier 1           |   |
| levothyroxine sodium tab 150 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 150 mcg (Levoxyl)     | Tier 3           |   |
| levothyroxine sodium tab 150 mcg (Unithroid)   | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>                  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| <b><i>levothyroxine sodium tab 175 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 175 mcg (Euthyrox)    | Tier 1           |   |
| levothyroxine sodium tab 175 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 175 mcg (Levoxyl)     | Tier 3           |   |
| levothyroxine sodium tab 175 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 200 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 200 mcg (Euthyrox)    | Tier 1           |   |
| levothyroxine sodium tab 200 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 200 mcg (Levoxyl)     | Tier 3           |   |
| levothyroxine sodium tab 200 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 25 mcg</i></b>  | Tier 1           |   |
| levothyroxine sodium tab 25 mcg (Euthyrox)     | Tier 1           |   |
| levothyroxine sodium tab 25 mcg (Levo-T)       | Tier 3           |   |
| levothyroxine sodium tab 25 mcg (Levoxyl)      | Tier 3           |   |
| levothyroxine sodium tab 25 mcg (Unithroid)    | Tier 3           |   |
| <b><i>levothyroxine sodium tab 300 mcg</i></b> | Tier 1           |   |
| levothyroxine sodium tab 300 mcg (Levo-T)      | Tier 3           |   |
| levothyroxine sodium tab 300 mcg (Unithroid)   | Tier 3           |   |
| <b><i>levothyroxine sodium tab 50 mcg</i></b>  | Tier 1           |   |
| levothyroxine sodium tab 50 mcg (Euthyrox)     | Tier 1           |   |
| levothyroxine sodium tab 50 mcg (Levo-T)       | Tier 3           |   |
| levothyroxine sodium tab 50 mcg (Levoxyl)      | Tier 3           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|--|------------------|---|
| levothyroxine sodium tab 50 mcg (Unithroid)  | Tier 3           |   |
| <i>levothyroxine sodium tab 75 mcg</i>   | Tier 1           |   |
| levothyroxine sodium tab 75 mcg (Euthyrox)   | Tier 1           |   |
| levothyroxine sodium tab 75 mcg (Levo-T)   | Tier 3           |   |
| levothyroxine sodium tab 75 mcg (Levoxyl)  | Tier 3           |   |
| levothyroxine sodium tab 75 mcg (Unithroid)  | Tier 3           |   |
| <i>levothyroxine sodium tab 88 mcg</i>   | Tier 1           |   |
| levothyroxine sodium tab 88 mcg (Euthyrox)   | Tier 1           |   |
| levothyroxine sodium tab 88 mcg (Levo-T)   | Tier 3           |   |
| levothyroxine sodium tab 88 mcg (Levoxyl)  | Tier 3           |   |
| levothyroxine sodium tab 88 mcg (Unithroid)  | Tier 3           |   |
| <i>liothyronine sodium tab 25 mcg</i>  | Tier 1           |   |
| <i>liothyronine sodium tab 5 mcg</i>   | Tier 1           |   |
| <i>liothyronine sodium tab 50 mcg</i>  | Tier 1           |   |
| NIVA THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB  | Tier 2           |   |
| NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB  | Tier 2           |   |
| REZDIFFRA ( <i>resmetirom</i> ) 60 MG TAB, 80 MG TAB, 100 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| SYNTHROID ( <i>levothyroxine sodium</i> ) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB | Tier 2           |   |
| THYQUIDITY ( <i>levothyroxine sodium</i> ) 100 MCG/5ML SOLUTION  | Tier 3           | QLC (300 ml/30 days)                        |
| THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB   | Tier 2           |   |

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| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|--|-----------|----------------------------------|
| TIROSINT ( <i>levothyroxine sodium</i> ) 13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP   | Tier 3    |                                  |
| TIROSINT-SOL ( <i>levothyroxine sodium</i> ) - SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION | Tier 3    |                                  |
| YORVIPATH ( <i>palopegteriparatide</i> ) 168 MCG/0.56ML SOLN PEN   | Tier 4    | PA, LA, QLC (1.12 ml/28 days)    |
| YORVIPATH ( <i>palopegteriparatide</i> ) 294 MCG/0.98ML SOLN PEN   | Tier 4    | PA, LA, QLC (1.96 ml/28 days)    |
| YORVIPATH ( <i>palopegteriparatide</i> ) 420 MCG/1.4ML SOLN PEN  | Tier 4    | PA, LA, QLC (2.8 ml/28 days)     |

### HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)

|  |        |                          |
|--|--------|--------------------------|
| BYNFEZIA PEN ( <i>octreotide acetate</i> ) 2500 MCG/ML (2.8 ML) SOLN | Tier 4 | PA, S (Specialty Drug)   |
| <i>cabergoline tab 0.5 mg</i>  | Tier 1 | QLC (16 tabs/month)      |
| <i>cetrotexil acetate for inj kit 0.25 mg</i>                        | Tier 4 | PA, S (Specialty Drug)   |
| CETROTIDE ( <i>cetrotexil acetate</i> ) 0.25 MG KIT                  | Tier 4 | PA, S (Specialty Drug)   |
| CRENESSITY ( <i>crinicerfont</i> ) 50 MG CAP, 100 MG CAP             | Tier 4 | PA, LA, QLC (2 caps/day) |
| CRENESSITY ( <i>crinicerfont</i> ) 50 MG/ML SOLUTION                 | Tier 4 | PA, LA, QLC (4 ml/day)   |
| GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR                           | Tier 4 | PA, S (Specialty Drug)   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|--|------------------|--|
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>  | Tier 4           | PA, S (Specialty Drug)                   |
| ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)                                     | Tier 4           | PA, S (Specialty Drug)                   |
| KORLYM ( <i>mifepristone (hyperglycemia)</i> ) 300 MG TAB  | Tier 4           | PA, LA, QLC (4 tabs/day)                 |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>   | Tier 4           | PA, S (Specialty Drug)                   |
| <i>leuprolide acetate inj kit 5 mg/ml</i>  | Tier 4           | PA, S (Specialty Drug)                   |
| <i>mifepristone tab 300 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (4 tabs/day) |
| MYCAPSSA ( <i>octreotide acetate</i> ) MYSSA 20 MG DR  | Tier 4           | PA, LA, QLC (4 caps/day)                 |
| OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR                  | Tier 4           | PA, S (Specialty Drug)                   |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>   | Tier 4           | PA, S (Specialty Drug)                   |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>  | Tier 4           | PA, S (Specialty Drug)                   |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>   | Tier 4           | PA, S (Specialty Drug)                   |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>   | Tier 4           | PA, S (Specialty Drug)                   |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>   | Tier 4           | PA, S (Specialty Drug)                   |
| ORGOVYX ( <i>relugolix</i> ) 120 MG TAB  | Tier 4           | PA, LA, QLC (1 tab/day), OAC             |
| ORIAHNN ( <i>elagolix sodium-estradiol-norethindrone acetate</i> ) 300-1-0.5 & 300 MG CAP THPK         | Tier 3           | PA, QLC (2 caps/day)                     |
| ORLISSA ( <i>elagolix sodium</i> ) 150 MG TAB  | Tier 3           | PA, QLC (1 tab/day)                      |
| ORLISSA ( <i>elagolix sodium</i> ) 200 MG TAB  | Tier 3           | PA, QLC (2 tabs/day)                     |
| RECORLEV ( <i>levoketoconazole</i> ) 150 MG TAB  | Tier 4           | PA, LA, QLC (8 tabs/day)                 |
| SANDOSTATIN ( <i>octreotide acetate</i> ) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION | Tier 4           | PA, S (Specialty Drug)                   |
| SIGNIFOR ( <i>pasireotide diaspertate</i> ) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION | Tier 4           | PA, LA, QLC (2 ampules/day)              |

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| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS             |
|--|-----------|--|
| SOMAVERT ( <i>pegvisomant</i> ) 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN | Tier 4    | PA, LA, S (Specialty Drug), QLC (1 vial/day) |
| SYNAREL ( <i>nafarelin acetate</i> ) 2 MG/ML SOLUTION  | Tier 4    | PA, QLC (16 ml/30 days)                      |

## HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

### ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

|                                   |        |  |
|-----------------------------------|--------|--|
| <i>methimazole tab 10 mg</i>      | Tier 1 |  |
| <i>methimazole tab 5 mg</i>       | Tier 1 |  |
| <i>propylthiouracil tab 50 mg</i> | Tier 1 |  |

## IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

### ANGIOEDEMA AGENTS

|  |        |  |
|--|--------|--|
| FIRAZYR ( <i>icatibant acetate</i> ) 30 MG/3ML SOLN PRSYR                          | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 syringes/month)   |
| HAEGARDA ( <i>c1 esterase inhibitor (human)</i> ) 2000 RECON SOLN, 3000 RECON SOLN | Tier 4 | PA, LA, S (Specialty Drug)                           |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>                      | Tier 4 | PA, S (Specialty Drug), QLC (3 syringes/month)       |
| icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)                   | Tier 4 | PA, LA, QLC (3 syringes/month)                       |
| ORLADEYO ( <i>berotralstat hcl</i> ) 110 MG CAP, 150 MG CAP                        | Tier 4 | PA, LA, QLC (1 cap/day)                              |
| TAKHZYRO ( <i>lanadelumab-flyo</i> ) 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR   | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days) |
| TAKHZYRO ( <i>lanadelumab-flyo</i> ) 300 MG/2ML SOLUTION                           | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 vials/28 days)    |

## IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)

|  |        |  |
|--|--------|--|
| ACTEMRA ( <i>tocilizumab</i> ) 162 MG/0.9ML SOLN PRSYR | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 syringe/week) |
|--|--------|--|

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                   |
|---|------------------|---|
| ACTEMRA ACTPEN ( <i>tocilizumab</i> ) CTPEN 162 MG/0.9ML SOLN -INJ                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/week)              |
| ARCALYST ( <i>rilonacept</i> ) 220 MG RECON SOLN  | Tier 4           | PA, LA, S (Specialty Drug)                                |
| BENLYSTA ( <i>belimumab</i> ) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR                                | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/week)          |
| BIMZELX ( <i>bimekizumab-bkzx</i> ) 160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR                          | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/28 days)           |
| BIMZELX ( <i>bimekizumab-bkzx</i> ) 320 MG/2ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (1 pen/56 days)               |
| BIMZELX ( <i>bimekizumab-bkzx</i> ) 320 MG/2ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/56 days)           |
| COSENTYX (300 MG DOSE) ( <i>secukinumab</i> ) 150 /ML SOLN PRSYR  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)      |
| COSENTYX ( <i>secukinumab</i> ) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR                            | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)       |
| COSENTYX SENSOREADY (300 MG) ( <i>secukinumab</i> ) SENSOREDY 150 MG/ML SOLN -INJ                       | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 pens/28 days)          |
| COSENTYX SENSOREADY PEN ( <i>secukinumab</i> ) SENSOREDY 150 MG/ML SOLN -INJ                            | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/28 days)           |
| COSENTYX UNOREADY ( <i>secukinumab</i> ) 300 MG/2ML SOLN -INJ   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days) |
| DUPIXENT ( <i>dupilumab</i> ) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)          |
| DUPIXENT ( <i>dupilumab</i> ) 200 MG/1.14ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)          |
| DUPIXENT ( <i>dupilumab</i> ) 300 MG/2ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (2 pens (4 ml)/ 28 days)      |
| EMPAVELI ( <i>pegcetacoplan</i> ) 1080 MG/20ML SOLUTION   | Tier 4           | PA, LA, QLC (40 ml/7 days)                                |
| ENSPRYNG ( <i>satralizumab-mwge</i> ) 120 MG/ML SOLN PRSYR  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)       |
| ENTYVIO ( <i>vedolizumab</i> ) 108 MG/0.68ML SOLN -INJ  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 pen injectors/28 days) |
| GRASTEK ( <i>timothy grass pollen allergen extract</i> ) 2800 BAU SL TAB                                | Tier 3           | PA, QLC (1 tab/day)                                       |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                         |
|---|------------------|---|
| KEVZARA ( <i>sarilumab</i> ) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR                           | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)            |
| KEVZARA ( <i>sarilumab</i> ) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ                   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/14 days)                 |
| KINERET ( <i>anakinra</i> ) 100 MG/0.67ML SOLN PRSYR  | Tier 4           | PA, LA, QLC (28 syringes/28 days)                               |
| NEMLUVIO ( <i>nemolizumab-ilto</i> ) 30 MG - INJ  | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)                    |
| ODACTRA ( <i>dust mite mixed allergen extract</i> ) 12 SQ-HDM SL TAB                                      | Tier 3           | PA, QLC (1 tab/day)   |
| OLUMIANT ( <i>baricitinib</i> ) 1 MG TAB, 2 MG TAB, 4 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)                     |
| ORALAIR ( <i>grass mixed pollens allergen extract</i> ) ORALA300 SL TAB                                   | Tier 3           | PA, LA, S (Specialty Drug), QLC (1 tab/day)                     |
| ORALAIR ADULT STARTER PACK ( <i>grass mixed pollens allergen extract</i> ) ORALA300 SL TAB                | Tier 3           | PA, LA, S (Specialty Drug), QLC (1 tab/day)                     |
| ORENCIA ( <i>abatacept</i> ) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR       | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/week)                    |
| ORENCIA CLICKJECT ( <i>abatacept</i> ) ORENCI125 MG/ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/week)                    |
| OTEZLA ( <i>apremilast</i> ) 10 & 20 & 30 MG TAB THPK   | Tier 4           | PA, S (Specialty Drug), QLC (1 pack/month)                      |
| OTEZLA ( <i>apremilast</i> ) 4 X 10 & 51 X20 MG TAB THPK  | Tier 4           | PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year) |
| PALFORZIA (12 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (X & O CSPK        | Tier 4           | PA, LA, QLC (45 caps/14 days)                                   |
| PALFORZIA (120 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) & 100 CSPK        | Tier 4           | PA, LA, QLC (30 caps/14 days)                                   |
| PALFORZIA (160 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) 3 X 20 & 100 CSPK | Tier 4           | PA, LA, QLC (60 caps/14 days)                                   |
| PALFORZIA (20 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) CSPK               | Tier 4           | PA, LA, QLC (15 caps/14 days)                                   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                       |
|---|------------------|---|
| PALFORZIA (200 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (00 X 100 CSPK)       | Tier 4           | PA, LA, QLC (30 caps/14 days)                                 |
| PALFORZIA (240 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (40 X 0 & X 100 CSPK) | Tier 4           | PA, LA, QLC (60 caps/14 days)                                 |
| PALFORZIA (3 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (X 1 CSPK)              | Tier 4           | PA, LA, QLC (45 caps/14 days)                                 |
| PALFORZIA (300 MG MAINTENANCE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (PACKET)             | Tier 4           | PA, LA, QLC (1 packet/day)                                    |
| PALFORZIA (300 MG TITRATION) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (PACKET)               | Tier 4           | PA, LA, QLC (1 packet/day)                                    |
| PALFORZIA (40 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) 2 X 20 CSPK            | Tier 4           | PA, LA, QLC (30 caps/14 days)                                 |
| PALFORZIA (6 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) (X 1 CSPK)              | Tier 4           | PA, LA, QLC (90 caps/14 days)                                 |
| PALFORZIA (80 MG DAILY DOSE) ( <i>peanut (arachis hypogaea) allergen powder-dnfp</i> ) 4 X 20 CSPK            | Tier 4           | PA, LA, QLC (60 caps/14 days)                                 |
| RAGWITEK ( <i>short ragweed pollen allergen extract</i> ) RGWITEK 12 MB 1-SL TB                               | Tier 3           | PA, QLC (1 tab/day)   |
| REZUROCK ( <i>belumosudil mesylate</i> ) 200 MG TAB   | Tier 4           | PA, LA, QLC (1 tab/day), OAC                                  |
| RIDAURA ( <i>auranofin</i> ) 3 MG CAP   | Tier 2           |   |
| RINVOQ ( <i>upadacitinib</i> ) 15 MG TAB ER 24H, 30 MG TAB ER 24H   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                       |
| RINVOQ ( <i>upadacitinib</i> ) 45 MG TAB ER 24H   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days) |
| RINVOQ LQ ( <i>upadacitinib</i> ) 1 MG/ML SOLUTION  | Tier 4           | PA, S (Specialty Drug), QLC (12 ml/day)                       |
| SILIQ ( <i>brodalumab</i> ) 210 MG/1.5ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)              |
| SKYRIZI (150 MG DOSE) ( <i>risankizumab-rzaa</i> ) 75 /0.83ML PREF SY KT                                      | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/84 days)                   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                |
|--|------------------|--|
| SKYRIZI ( <i>risankizumab-rzaa (crohn's)</i> ) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART    | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/56 days)        |
| SKYRIZI ( <i>risankizumab-rzaa</i> ) 150 MG/ML SOLN PRSYR  | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/84 days)        |
| SKYRIZI PEN ( <i>risankizumab-rzaa</i> ) 150 MG/ML SOLN -INJ                                     | Tier 4           | PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days) |
| SOTYKTU ( <i>deucravacitinib</i> ) 6 MG TAB  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                |
| STELARA ( <i>ustekinumab</i> ) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR                       | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/84 days)        |
| STELARA ( <i>ustekinumab</i> ) 45 MG/0.5ML SOLUTION  | Tier 4           | PA, S (Specialty Drug), QLC (1 vial/84 days)           |
| TALTZ ( <i>ixekizumab</i> ) 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN PRSYR | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)    |
| TALTZ ( <i>ixekizumab</i> ) TLTZ 80 MG/ML SOLN -INJ  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/28 days)        |
| TAVNEOS ( <i>avacopan</i> ) 10 MG CAP  | Tier 4           | PA, LA, QLC (6 caps/day)                               |
| TREMFYA ( <i>guselkumab</i> ) 100 MG/ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (1 injection/8 weeks)      |
| TREMFYA ( <i>guselkumab</i> ) 100 MG/ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/8 weeks)        |
| TREMFYA ( <i>guselkumab</i> ) 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR                       | Tier 4           | PA, S (Specialty Drug), QLC (2 ml/28 days)             |
| TYENNE ( <i>tocilizumab-aazg</i> ) 162 MG/0.9ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (4 pens/28 days)           |
| TYENNE ( <i>tocilizumab-aazg</i> ) 162 MG/0.9ML SOLN PRSYR                                       | Tier 4           | PA, S (Specialty Drug), QLC (4 syringes/28 days)       |
| VELSIPITY ( <i>etrasimod arginine</i> ) 2 MG TAB   | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                |
| VOYDEYA ( <i>danicopan</i> ) 50 & 100 MG TAB THPK, 100 MG TAB                                    | Tier 4           | PA, LA, QLC (6 tabs/day)                               |
| XELJANZ ( <i>tofacitinib citrate</i> ) 1 MG/ML SOLUTION  | Tier 4           | PA, S (Specialty Drug), QLC (10 ml/day)                |
| XELJANZ ( <i>tofacitinib citrate</i> ) 5 MG TAB, 10 MG TAB                                       | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)               |
| XELJANZ XR ( <i>tofacitinib citrate</i> ) 11 MG TAB ER 24H, 22 MG TAB ER 24H                     | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)                |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>          |
|---|------------------|--|
| XOLAIR ( <i>omalizumab</i> ) 300 MG/2ML SOLN PRSYR                                  | Tier 4           | PA, S (Specialty Drug), QLC (4 syringes/28 days) |
| XOLAIR ( <i>omalizumab</i> ) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR           | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| XOLAIR ( <i>omalizumab</i> ) XOLIR 300 MG/2ML SOLN -INJ                             | Tier 4           | PA, S (Specialty Drug), QLC (4 pens/28 days)     |
| XOLAIR ( <i>omalizumab</i> ) XOLIR 75 MG/0.5ML SOLN -INJ, XOLIR 150 MG/ML SOLN -INJ | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)     |
| YESINTEK ( <i>ustekinumab-kfce</i> ) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR    | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/84 days)  |
| YESINTEK ( <i>ustekinumab-kfce</i> ) 45 MG/0.5ML SOLUTION                           | Tier 4           | PA, S (Specialty Drug), QLC (1 vial/84 days)     |

### **IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)**

|  |        |   |
|--|--------|---|
| ACTIMMUNE ( <i>interferon gamma-1b</i> ) 2000000 UNIT/0.5ML SOLUTION   | Tier 4 | PA, LA, S (Specialty Drug)                |
| BESREMI ( <i>ropeginterferon alfa-2b-njft</i> ) 500 MCG/ML SOLN PRSYR  | Tier 4 | PA, LA, QLC (2 syringes (2 ml)/28 days)   |
| INTRON A ( <i>interferon alfa-2b</i> ) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN | Tier 4 | LA, S (Specialty Drug)                    |
| PEGASYS ( <i>peginterferon alfa-2a</i> ) 180 MCG/0.5ML SOLN PRSYR  | Tier 4 | PA, S (Specialty Drug), QLC (1 pen/week)  |
| PEGASYS ( <i>peginterferon alfa-2a</i> ) 180 MCG/ML SOLUTION   | Tier 4 | PA, S (Specialty Drug), QLC (1 vial/week) |

### **IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)**

|  |        |   |
|--|--------|---|
| ABRILADA (1 PEN) ( <i>adalimumab-afzb</i> ) 40 MG/0.8ML AUT-IJ KIT                             | Tier 4 | PA, LA, QLC (2 pens/28 days)                            |
| ABRILADA (2 PEN) ( <i>adalimumab-afzb</i> ) 40 MG/0.8ML AUT-IJ KIT                             | Tier 4 | PA, LA, QLC (2 pens/28 days)                            |
| ABRILADA (2 SYRINGE) ( <i>adalimumab-afzb</i> ) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT | Tier 4 | PA, LA, QLC (2 syringes/28 days)                        |
| ADALIMUMAB-AACF (2 PEN) -40 MG/0.8ML AUT-IJ KIT  | Tier 4 | PA, S (Specialty Drug), QLC (2 pens (1 carton)/28 days) |
| ADALIMUMAB-AACF (2 SYRINGE) - RINGE) 40 MG/0.8ML PREF KT                                       | Tier 4 | PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)     |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|---|------------------|--|
| ADALIMUMAB-AACF(CD/UC/HS STRT)<br>-40 MG/0.8ML AUT-IJ KIT   | Tier 4           | PA, S (Specialty Drug), QLC (6 kits/year)  |
| ADALIMUMAB-AACF(PS/UV STARTER) -<br>40 MG/0.8ML AUT-IJ KIT  | Tier 4           | PA, S (Specialty Drug), QLC (4 kits/year)  |
| ADALIMUMAB-AATY (1 PEN) -40<br>MG/0.4ML -KIT, -80 MG/0.8ML -KIT   | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)   |
| ADALIMUMAB-AATY (2 PEN) -40<br>MG/0.4ML AUT-IJ KIT  | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)   |
| ADALIMUMAB-AATY (2 SYRINGE) -<br>RINGE) 20 MG/0.2ML PREF KT   | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/28 days)  |
| ADALIMUMAB-AATY (2 SYRINGE) -<br>RINGE) 40 MG/0.4ML PREF KT   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| ADALIMUMAB-ADAZ -20 MG/0.2ML<br>SOLN PRSYR, -40 MG/0.4ML SOLN<br>PRSYR  | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| ADALIMUMAB-ADAZ DLIMUMB-DZ 40<br>MG/0.4ML SOLN -INJ   | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)   |
| ADALIMUMAB-ADAZ DLIMUMB-DZ 80<br>MG/0.8ML SOLN -INJ   | Tier 4           | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))                               |
| ADALIMUMAB-ADBM (2 PEN) -40<br>MG/0.4ML AUT-IJ KIT  | Tier 4           | PA, LA, QLC (2 pens/28 days)   |
| ADALIMUMAB-ADBM (2 PEN) -40<br>MG/0.8ML AUT-IJ KIT  | Tier 4           | PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)) |
| ADALIMUMAB-ADBM (2 SYRINGE) -10<br>MG/0.2ML PREF SY KT, -20 MG/0.4ML<br>PREF SY KT, -40 MG/0.4ML PREF SY KT,<br>-40 MG/0.8ML PREF SY KT | Tier 4           | PA, LA, QLC (2 syringes/28 days)   |
| ADALIMUMAB-ADBM(CD/UC/HS STRT)<br>-40 MG/0.4ML AUT-IJ KIT   | Tier 4           | PA, LA, QLC (6 pens/year)  |
| ADALIMUMAB-ADBM(CD/UC/HS STRT)<br>-40 MG/0.8ML AUT-IJ KIT   | Tier 4           | PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)) |
| ADALIMUMAB-ADBM(PS/UV STARTER)<br>-40 MG/0.4ML AUT-IJ KIT   | Tier 4           | PA, LA, QLC (4 pens/year)  |
| ADALIMUMAB-ADBM(PS/UV STARTER)<br>-40 MG/0.8ML AUT-IJ KIT   | Tier 4           | PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)) |

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| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS                                    |
|--|-----------|---|
| ADALIMUMAB-FKJP (2 PEN) -40 MG/0.8ML AUT-IJ KIT  | Tier 4    | PA, S (Specialty Drug), QLC (2 injections/28 days)                  |
| ADALIMUMAB-FKJP (2 SYRINGE) -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT                               | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)                    |
| ADALIMUMAB-RYVK (2 PEN) -40 MG/0.4ML AUT-IJ KIT  | Tier 4    | PA, S (Specialty Drug), QLC (2 pens/28 days)                        |
| ADALIMUMAB-RYVK (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)                    |
| AMJEVITA ( <i>adalimumab-atto</i> ) 10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)                    |
| AMJEVITA ( <i>adalimumab-atto</i> ) 20 MG/0.4ML SOLN PRSYR   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes (0.8 ml)/28 days)           |
| AMJEVITA ( <i>adalimumab-atto</i> ) 40 MG/0.4ML SOLN -INJ, 80 MG/0.8ML SOLN -INJ                           | Tier 4    | PA, S (Specialty Drug), QLC (2 pens/28 days)                        |
| AMJEVITA ( <i>adalimumab-atto</i> ) 40 MG/0.8ML SOLN -INJ  | Tier 4    | PA, S (Specialty Drug), QLC (2 auto injector pens (1.6 ml)/28 days) |
| AMJEVITA ( <i>adalimumab-atto</i> ) 40 MG/0.8ML SOLN PRSYR   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes (1.6 ml)/28 days)           |
| AMJEVITA-PED 15KG TO <30KG ( <i>adalimumab-atto</i> ) -20 MG/0.2ML SOLN PRSYR                              | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)                    |
| ARAVA ( <i>leflunomide</i> ) 10 MG TAB, 20 MG TAB  | Tier 3    |   |
| ASTAGRAF XL ( <i>tacrolimus</i> ) 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H                      | Tier 3    |   |
| <i>azathioprine tab 100 mg</i>   | Tier 1    |   |
| azathioprine tab 100 mg (Azasan)   | Tier 1    |   |
| <i>azathioprine tab 50 mg</i>  | Tier 1    |   |
| <i>azathioprine tab 75 mg</i>  | Tier 1    |   |
| azathioprine tab 75 mg (Azasan)  | Tier 1    |   |
| CELLCEPT ( <i>mycophenolate mofetil</i> ) 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB                     | Tier 3    |   |
| CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> ) RINGE) 200 MG/ML PREF KT                                  | Tier 4    | PA, S (Specialty Drug), QLC (1 kit/28 days)                         |

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|---|------------------|--|
| CIMZIA-STARTER ( <i>certolizumab pegol</i> ) - 200 MG/ML PREF SY KT                                       | Tier 4           | PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes))/180 days)   |
| <i>cyclosporine cap 100 mg</i>  | Tier 1           |  |
| <i>cyclosporine cap 25 mg</i>   | Tier 1           |  |
| <i>cyclosporine modified cap 100 mg</i>   | Tier 1           |  |
| cyclosporine modified cap 100 mg (Gengraf)  | Tier 1           |  |
| <i>cyclosporine modified cap 25 mg</i>  | Tier 1           |  |
| cyclosporine modified cap 25 mg (Gengraf)   | Tier 1           |  |
| <i>cyclosporine modified cap 50 mg</i>  | Tier 1           |  |
| <i>cyclosporine modified oral soln 100 mg/ml</i>  | Tier 1           |  |
| cyclosporine modified oral soln 100 mg/ml (Gengraf)   | Tier 1           |  |
| CYLTEZO (2 PEN) ( <i>adalimumab-adbm</i> ) 40 MG/0.4ML AUT-IJ KIT   | Tier 4           | PA, LA, QLC (2 pens/28 days)   |
| CYLTEZO (2 SYRINGE) ( <i>adalimumab-adbm</i> ) RINGE) 40 MG/0.4ML PREF KT                                 | Tier 4           | PA, LA, QLC (2 syringes/28 days)   |
| CYLTEZO ( <i>adalimumab-adbm</i> ) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT | Tier 4           | PA, LA, QLC (2 syringes/28 days)   |
| CYLTEZO ( <i>adalimumab-adbm</i> ) 40 MG/0.8ML AUT-IJ KIT   | Tier 4           | PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)) |
| CYLTEZO-CD/UC/HS STARTER ( <i>adalimumab-adbm</i> ) -40 MG/0.4ML AUT-IJ KIT                               | Tier 4           | PA, LA, QLC (6 pens/year)  |
| CYLTEZO-CD/UC/HS STARTER ( <i>adalimumab-adbm</i> ) -40 MG/0.8ML AUT-IJ KIT                               | Tier 4           | PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)) |
| CYLTEZO-PSORIASIS STARTER ( <i>adalimumab-adbm</i> ) -40 MG/0.8ML AUT-IJ KIT                              | Tier 4           | PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)) |
| CYLTEZO-PSORIASIS/UV STARTER ( <i>adalimumab-adbm</i> ) -40 MG/0.4ML AUT-IJ KIT                           | Tier 4           | PA, LA, QLC (4 pens/year)  |

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|---|-----------|--|
| ENBREL ( <i>etanercept</i> ) 25 MG RECON SOLN   | Tier 4    | PA, S (Specialty Drug), QLC (8 vials/28 days)  |
| ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR                    | Tier 4    | PA, S (Specialty Drug), QLC (4 ml/28 days)   |
| ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLUTION   | Tier 4    | PA, S (Specialty Drug), QLC (4 ml/ 28 days)  |
| ENBREL MINI ( <i>etanercept</i> ) 50 MG/ML SOLN CART  | Tier 4    | PA, S (Specialty Drug), QLC (4 ml/ 28 days)  |
| ENBREL SURECLICK ( <i>etanercept</i> ) 50 MG/ML SOLN -INJ                                   | Tier 4    | PA, S (Specialty Drug), QLC (4 ml/28 days)   |
| ENVARUSUS XR ( <i>tacrolimus</i> ) 0.75 MG TAB ER 24H                                       | Tier 3    | ST, QLC (11 tabs/day)  |
| ENVARUSUS XR ( <i>tacrolimus</i> ) 1 MG TAB ER 24H  | Tier 3    | ST, QLC (8 tabs/day)   |
| ENVARUSUS XR ( <i>tacrolimus</i> ) 4 MG TAB ER 24H  | Tier 3    | ST, QLC (2 tabs/day)   |
| <i>everolimus tab 0.25 mg</i>   | Tier 1    | QLC (2 tabs/day)   |
| <i>everolimus tab 0.5 mg</i>  | Tier 1    | QLC (4 tabs/day)   |
| <i>everolimus tab 0.75 mg</i>   | Tier 1    | QLC (2 tabs/day)   |
| <i>everolimus tab 1 mg</i>  | Tier 1    | QLC (2 tabs/day)   |
| HADLIMA ( <i>adalimumab-bwwd</i> ) 40 MG/0.4ML SOLN PRSYR                                   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| HADLIMA ( <i>adalimumab-bwwd</i> ) 40 MG/0.8ML SOLN PRSYR                                   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| HADLIMA PUSH TOUCH ( <i>adalimumab-bwwd</i> ) 40 MG/0.4ML SOLN -INJ                         | Tier 4    | PA, S (Specialty Drug), QLC (2 pens/28 days)   |
| HADLIMA PUSH TOUCH ( <i>adalimumab-bwwd</i> ) 40 MG/0.8ML SOLN -INJ                         | Tier 4    | PA, S (Specialty Drug), QLC (2 pens/28 days)   |
| HULIO (2 PEN) ( <i>adalimumab-fkjp</i> ) 40 MG/0.8ML AUT-IJ KIT                             | Tier 4    | PA, S (Specialty Drug), QLC (2 injections/28 days)   |
| HULIO (2 SYRINGE) ( <i>adalimumab-fkjp</i> ) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| HULIO ( <i>adalimumab-fkjp</i> ) 40 MG/0.8ML AUT-IJ KIT                                     | Tier 4    | PA, S (Specialty Drug), QLC (2 injections/28 days)   |
| HUMIRA (2 PEN) ( <i>adalimumab</i> ) 40 MG/0.4ML AUT-IJ KIT                                 | Tier 4    | PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)   |
| HUMIRA (2 PEN) ( <i>adalimumab</i> ) 40 MG/0.8ML AUT-IJ KIT                                 | Tier 4    | PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days)) |

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|--|------------------|--|
| HUMIRA (2 PEN) ( <i>adalimumab</i> ) 80 MG/0.8ML AUT-IJ KIT  | Tier 4           | PA, S (Specialty Drug), QLC (2 pens (1 kit)/ 28 days)  |
| HUMIRA (2 SYRINGE) ( <i>adalimumab</i> ) RINGE) 10 MG/0.1ML PEF KT   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)   |
| HUMIRA (2 SYRINGE) ( <i>adalimumab</i> ) RINGE) 20 MG/0.2ML PEF KT   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)   |
| HUMIRA (2 SYRINGE) ( <i>adalimumab</i> ) RINGE) 40 MG/0.4ML PEF KT   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)   |
| HUMIRA (2 SYRINGE) ( <i>adalimumab</i> ) RINGE) 40 MG/0.8ML PEF KT   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| HUMIRA ( <i>adalimumab</i> ) 10 MG/0.1ML PEF SY KT, 20 MG/0.2ML PEF SY KT                                  | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)   |
| HUMIRA ( <i>adalimumab</i> ) 40 MG/0.4ML PEF SY KT   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)   |
| HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> ) -40 MG/0.8ML AUT-IJ KIT                                      | Tier 4           | PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days)) |
| HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> ) -80 MG/0.8ML AUT-IJ KIT                                      | Tier 4           | PA, S (Specialty Drug), QLC (1 carton/year)  |
| HUMIRA-PED<40KG CROHNS STARTER ( <i>adalimumab</i> ) -80 MG/0.8ML & 40MG/0.4ML PEF SY KT                   | Tier 4           | PA, S (Specialty Drug), QLC (2 syr [1 kit]/year)   |
| HUMIRA-PED>/=40KG CROHNS START ( <i>adalimumab</i> ) -80 MG/0.8ML PEF SY KT                                | Tier 4           | PA, S (Specialty Drug), QLC (3 syr [1 kit]/year)   |
| HUMIRA-PED>/=40KG UC STARTER ( <i>adalimumab</i> ) -80 MG/0.8ML AUT-IJ KIT                                 | Tier 4           | PA, S (Specialty Drug), QLC (1 carton/year)  |
| HUMIRA-PS/UV/ADOL HS STARTER ( <i>adalimumab</i> ) -40 MG/0.8ML AUT-IJ KIT                                 | Tier 4           | PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days)) |
| HUMIRA-PSORIASIS/UVEIT STARTER ( <i>adalimumab</i> ) -80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT                  | Tier 4           | PA, S (Specialty Drug), QLC (1 carton/year)  |
| HYRIMOZ ( <i>adalimumab-adaz</i> ) 10 MG/0.1 ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)   |
| HYRIMOZ ( <i>adalimumab-adaz</i> ) 40 MG/0.4ML SOLN -INJ   | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)   |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step  
Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|---|------------------|--|
| HYRIMOZ ( <i>adalimumab-adaz</i> ) 40 MG/0.8ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (2 injections/28 days)                                     |
| HYRIMOZ ( <i>adalimumab-adaz</i> ) 40 MG/0.8ML SOLN PRSYR   | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days)                                       |
| HYRIMOZ ( <i>adalimumab-adaz</i> ) 80 MG/0.8ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days)) |
| HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> ) -STRTER 80 MG/0.8ML SOLN -INJ                                | Tier 4           | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days)) |
| HYRIMOZ-CROHNS/UC STARTER PACK ( <i>adalimumab-adaz</i> ) -STRTER PCK 80 MG/0.8ML SOLN -INJ                       | Tier 4           | PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days)) |
| HYRIMOZ-PED CROHNS STARTER ( <i>adalimumab-adaz</i> ) -80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR                        | Tier 4           | PA, S (Specialty Drug), QLC (1 kit year)   |
| HYRIMOZ-PED CROHNS STARTER ( <i>adalimumab-adaz</i> ) -80 MG/0.8ML SOLN PRSYR                                     | Tier 4           | PA, S (Specialty Drug), QLC (3 syringes/year)  |
| HYRIMOZ-PLAQ PSOR/UEVIT START ( <i>adalimumab-adaz</i> ) -PLQ STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ             | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/year)   |
| HYRIMOZ-PLAQUE PSORIASIS START ( <i>adalimumab-adaz</i> ) -PLQUE PSORISIS STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/year)   |
| IDACIO ( <i>adalimumab-aacf</i> ) 40 MG/0.8ML AUT-IJ KIT  | Tier 4           | PA, S (Specialty Drug), QLC (2 inj (1 box)/28 days)                                    |
| IDACIO ( <i>adalimumab-aacf</i> ) 40 MG/0.8ML PREF SY KT  | Tier 4           | PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)                                    |
| IDACIO FOR CROHNS DISEASE/UC ( <i>adalimumab-aacf</i> ) 40 MG/0.8ML AUT-IJ KIT                                    | Tier 4           | PA, S (Specialty Drug), QLC (6 inj (3 kits)/365 days)                                  |
| IDACIO FOR PLAQUE PSORIASIS ( <i>adalimumab-aacf</i> ) 40 MG/0.8ML AUT-IJ KIT                                     | Tier 4           | PA, S (Specialty Drug), QLC (4 inj (2 kits)/365 days)                                  |
| IMURAN ( <i>azathioprine</i> ) 50 MG TAB  | Tier 3           |  |
| JYLAMVO ( <i>methotrexate</i> ) 2 MG/ML SOLUTION  | Tier 3           | PA, QLC (120 ml/30 days), OAC  |
| <i>leflunomide tab 10 mg</i>  | Tier 1           |  |
| <i>leflunomide tab 20 mg</i>  | Tier 1           |  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| LUPKYNIS ( <i>voclosporin</i> ) 7.9 MG CAP   | Tier 4           | PA, LA, QLC (6 caps/day)                     |
| METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION   | Tier 1           | QLC (8 ml/month)                             |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION   | Tier 1           | QLC (8 ml/month)                             |
| METHOTREXATE SODIUM 50 MG/2ML SOLUTION   | Tier 1           | QLC (8 ml/month)                             |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))   | Tier 1           | QLC (8 ml/month)                             |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))  | Tier 1           | QLC (8 ml/month)                             |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))  | Tier 1           | QLC (8 ml/month)                             |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i>   | Tier 1           | OAC  |
| <i>mycophenolate mofetil cap 250 mg</i>  | Tier 1           |  |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>   | Tier 1           |  |
| <i>mycophenolate mofetil tab 500 mg</i>  | Tier 1           |  |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>  | Tier 1           |  |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>  | Tier 1           |  |
| MYFORTIC ( <i>mycophenolate sodium</i> ) 180 MG TAB DR, 360 MG TAB DR  | Tier 3           |  |
| MYHIBBIN ( <i>mycophenolate mofetil</i> ) 200 MG/ML SUSPENSION   | Tier 3           | PA, QLC (15 ml/day)                          |
| NEORAL ( <i>cyclosporine modified (for microemulsion)</i> ) 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION  | Tier 3           |  |
| OTREXUP ( <i>methotrexate (antirheumatic)</i> ) 10 MG/0.4ML SOLN - INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ | Tier 4           | PA, S (Specialty Drug), QLC (1 syringe/week) |

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Therapy

| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS                     |
|--|-----------|--|
| PROGRAF ( <i>tacrolimus</i> ) 0.2 MG PACKET, 1 MG PACKET   | Tier 3    | PA   |
| PROGRAF ( <i>tacrolimus</i> ) 0.5 MG CAP, 1 MG CAP, 5 MG CAP   | Tier 3    |  |
| RAPAMUNE ( <i>sirolimus</i> ) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB   | Tier 3    |  |
| RASUVO ( <i>methotrexate (antirheumatic)</i> )<br>RSUVO 7.5 MG/0.15ML SOLN -INJ,<br>RSUVO 10 MG/0.2ML SOLN -INJ,<br>RSUVO 12.5 MG/0.25ML SOLN -INJ,<br>RSUVO 15 MG/0.3ML SOLN -INJ,<br>RSUVO 17.5 MG/0.35ML SOLN -INJ,<br>RSUVO 20 MG/0.4ML SOLN -INJ,<br>RSUVO 22.5 MG/0.45ML SOLN -INJ,<br>RSUVO 25 MG/0.5ML SOLN -INJ,<br>RSUVO 30 MG/0.6ML SOLN -INJ | Tier 4    | PA, S (Specialty Drug), QLC (1 syringe/week)         |
| REDITREX ( <i>methotrexate (antirheumatic)</i> ) 7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR  | Tier 4    | PA, LA, S (Specialty Drug), QLC (4 syringes/28 days) |
| SANDIMMUNE ( <i>cyclosporine</i> ) 100 MG/ML SOLUTION  | Tier 2    |  |
| SANDIMMUNE ( <i>cyclosporine</i> ) 25 MG CAP, 100 MG CAP   | Tier 3    |  |
| SIMLANDI (1 PEN) ( <i>adalimumab-ryvk</i> ) 40 MG/0.4ML AUT-IJ KIT   | Tier 4    | PA, S (Specialty Drug), QLC (2 pens/28 days)         |
| SIMLANDI (1 SYRINGE) ( <i>adalimumab-ryvk</i> ) RINGE) 80 MG/0.8ML PREF KT   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)     |
| SIMLANDI (2 PEN) ( <i>adalimumab-ryvk</i> ) 40 MG/0.4ML AUT-IJ KIT   | Tier 4    | PA, S (Specialty Drug), QLC (2 pens/28 days)         |
| SIMLANDI (2 SYRINGE) ( <i>adalimumab-ryvk</i> ) 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT   | Tier 4    | PA, S (Specialty Drug), QLC (2 syringes/28 days)     |
| SIMPONI ( <i>golimumab</i> ) 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR  | Tier 4    | PA, S (Specialty Drug), QLC (1 syringe/28 days)      |
| <i>sirolimus oral soln 1 mg/ml</i>   | Tier 1    |  |
| <i>sirolimus tab 0.5 mg</i>  | Tier 1    |  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>          |
|---|------------------|--|
| <i>sirolimus tab 1 mg</i>   | Tier 1           |  |
| <i>sirolimus tab 2 mg</i>   | Tier 1           |  |
| SPEVIGO ( <i>spesolimab-sbzo</i> ) 150 MG/ML SOLN PRSYR                               | Tier 4           | PA, LA, QLC (2 syringes/28 days)                 |
| <i>tacrolimus cap 0.5 mg</i>  | Tier 1           |  |
| <i>tacrolimus cap 1 mg</i>  | Tier 1           |  |
| <i>tacrolimus cap 5 mg</i>  | Tier 1           |  |
| TREXALL ( <i>methotrexate sodium</i> ) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB     | Tier 3           | OAC  |
| XATMEP ( <i>methotrexate</i> ) 2.5 MG/ML SOLUTION                                     | Tier 4           | AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC |
| YUFLYMA (1 PEN) ( <i>adalimumab-aaty</i> ) 40 MG/0.4ML -KIT, 80 MG/0.8ML -KIT         | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)     |
| YUFLYMA (2 PEN) ( <i>adalimumab-aaty</i> ) 40 MG/0.4ML AUT-IJ KIT                     | Tier 4           | PA, S (Specialty Drug), QLC (2 pens/28 days)     |
| YUFLYMA (2 SYRINGE) ( <i>adalimumab-aaty</i> ) RINGE) 20 MG/0.2ML PEF KT              | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/28 days)      |
| YUFLYMA 2-SYRINGE KIT ( <i>adalimumab-aaty</i> ) -40 MG/0.4ML PEF KT                  | Tier 4           | PA, S (Specialty Drug), QLC (2 syringes/28 days) |
| YUFLYMA-CD/UC/HS STARTER ( <i>adalimumab-aaty</i> ) -80 MG/0.8ML AUT-IJ KIT           | Tier 4           | PA, S (Specialty Drug), QLC (3 pens/year)        |
| YUSIMRY ( <i>adalimumab-aqvh</i> ) 40 MG/0.8ML SOLN -INJ                              | Tier 4           | PA, LA, QLC (2 pens/28 days)                     |
| ZORTRESS ( <i>everolimus (immunosuppressant)</i> ) 0.25 MG TAB, 0.75 MG TAB, 1 MG TAB | Tier 3           | QLC (2 tabs/day)                                 |
| ZORTRESS ( <i>everolimus (immunosuppressant)</i> ) 0.5 MG TAB                         | Tier 3           | QLC (4 tabs/day)                                 |
| ZYMFENTRA (1 PEN) ( <i>infliximab-dyyb</i> ) 120 MG/ML AUT-IJ KIT                     | Tier 4           | PA, S (Specialty Drug), QLC (2 kits/28 days)     |
| ZYMFENTRA (2 PEN) ( <i>infliximab-dyyb</i> ) 120 MG/ML AUT-IJ KIT                     | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/28 days)      |
| ZYMFENTRA (2 SYRINGE) ( <i>infliximab-dyyb</i> ) RINGE) 120 MG/ML PEF KT              | Tier 4           | PA, S (Specialty Drug), QLC (1 kit/28 days)      |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

## INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

### AMINOSALICYLATES

|  |        |                         |
|--|--------|-------------------------|
| APRISO ( <i>mesalamine</i> ) 0.375 GM CAP ER 24H         | Tier 3 | QLC (4 caps/day)        |
| ASACOL HD ( <i>mesalamine</i> ) 800 MG TAB DR            | Tier 3 | ST, QLC (6 tabs/day)    |
| AZULFIDINE ( <i>sulfasalazine</i> ) 500 MG TAB           | Tier 3 |                         |
| AZULFIDINE EN-TABS ( <i>sulfasalazine</i> ) -S 500 MG DR | Tier 3 |                         |
| <i>balsalazide disodium cap 750 mg</i>                   | Tier 1 | QLC (9 caps/day)        |
| CANASA ( <i>mesalamine</i> ) 1000 MG SUPPOS              | Tier 3 | QLC (1 suppository/day) |
| COLAZAL ( <i>balsalazide disodium</i> ) 750 MG CAP       | Tier 3 | QLC (9 caps/day)        |
| DELZICOL ( <i>mesalamine</i> ) 400 MG CAP DR             | Tier 3 | ST, QLC (6 caps/day)    |
| DIPENTUM ( <i>olsalazine sodium</i> ) 250 MG CAP         | Tier 3 | ST, QLC (4 caps/day)    |
| LIALDA ( <i>mesalamine</i> ) 1.2 GM TAB DR               | Tier 3 | QLC (4 tabs/day)        |
| <i>mesalamine cap dr 400 mg</i>                          | Tier 1 | ST, QLC (6 caps/day)    |
| <i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)   | Tier 1 | QLC (4 caps/day)        |
| <i>mesalamine cap er 500 mg</i> (MESALAMINE ER)          | Tier 1 | ST, QLC (8 caps/day)    |
| <i>mesalamine enema 4 gm</i>                             | Tier 1 |                         |
| <i>mesalamine suppos 1000 mg</i>                         | Tier 1 | QLC (1 suppository/day) |
| <i>mesalamine tab delayed release 1.2 gm</i>             | Tier 1 | QLC (4 tabs/day)        |
| <i>mesalamine tab delayed release 800 mg</i>             | Tier 1 | ST, QLC (6 tabs/day)    |
| PENTASA ( <i>mesalamine</i> ) 250 MG CAP ER              | Tier 3 | ST, QLC (4 caps/day)    |
| PENTASA ( <i>mesalamine</i> ) 500 MG CAP ER              | Tier 3 | ST, QLC (8 caps/day)    |
| SFROWASA ( <i>mesalamine</i> ) 4 GM/60ML ENEMA           | Tier 3 |                         |
| <i>sulfasalazine tab 500 mg</i>                          | Tier 1 |                         |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                      |
|---|------------------|--|
| <i>sulfasalazine tab delayed release 500 mg</i>                               | Tier 1           |  |
| <b>GLUCOCORTICOIDS</b>  |                  |  |
| ALKINDI SPRINKLE ( <i>hydrocortisone</i> ) 0.5 MG CAP SPRINK, 1 MG CAP SPRINK | Tier 3           | PA, LA, QLC (100 caps/30 days)                               |
| ALKINDI SPRINKLE ( <i>hydrocortisone</i> ) 2 MG CAP SPRINK, 5 MG CAP SPRINK   | Tier 3           | PA, LA, QLC (200 caps/30 days)                               |
| <i>budesonide delayed release particles cap 3 mg</i>                          | Tier 1           | PA, QLC (3 caps/day)   |
| <i>budesonide rectal foam 2 mg/act</i>  | Tier 1           | QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months) |
| <i>budesonide tab er 24hr 9 mg</i> (BUDESONIDE ER)                            | Tier 1           | PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)   |
| CORTEF ( <i>hydrocortisone</i> ) 5 MG TAB, 10 MG TAB, 20 MG TAB               | Tier 3           |  |
| CORTENEMA ( <i>hydrocortisone (intrarectal)</i> ) CORT100 MG/60ML             | Tier 3           |  |
| CORTIFOAM ( <i>hydrocortisone acetate (intrarectal)</i> ) 10 %                | Tier 2           |  |
| ENTOCORT EC ( <i>budesonide</i> ) 3 MG CP DR PART                             | Tier 3           | PA, QLC (3 caps/day)   |
| EOHILIA ( <i>budesonide</i> ) 2 MG/10ML SUSPENSION                            | Tier 3           | PA, QLC (20 ml/day)  |
| <i>hydrocortisone enema 100 mg/60ml</i>                                       | Tier 1           |  |
| <i>hydrocortisone tab 10 mg</i>   | Tier 1           |  |
| <i>hydrocortisone tab 20 mg</i>   | Tier 1           |  |
| <i>hydrocortisone tab 5 mg</i>  | Tier 1           |  |
| ORTIKOS ( <i>budesonide</i> ) 6 MG CAP ER 24H, 9 MG CAP ER 24H                | Tier 3           | PA, QLC (1 cap/day)  |
| UCERIS ( <i>budesonide (intrarectal)</i> ) 2 MG/ACT FOAM                      | Tier 3           | QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months) |
| UCERIS ( <i>budesonide</i> ) 9 MG TAB 24H                                     | Tier 3           | PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)   |

### **METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)**

|  |        |                   |
|--|--------|-------------------|
| ACTONEL ( <i>risedronate sodium</i> ) 150 MG TAB | Tier 3 | QLC (1 tab/month) |
|--|--------|-------------------|

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>   |
|---|------------------|---|
| ACTONEL ( <i>risedronate sodium</i> ) 35 MG TAB                             | Tier 3           | QLC (4 tabs/month)                        |
| ALENDRONATE SODIUM 5 MG TAB   | Tier 1           |   |
| <i>alendronate sodium oral soln 70 mg/75ml</i>                              | Tier 1           | QLC (4 bottles/month)                     |
| <i>alendronate sodium tab 10 mg</i>   | Tier 1           |   |
| <i>alendronate sodium tab 35 mg</i>   | Tier 1           | QLC (4 tabs/month)                        |
| <i>alendronate sodium tab 70 mg</i>   | Tier 1           | QLC (4 tabs/month)                        |
| AELVIA ( <i>risedronate sodium</i> ) 35 MG TAB                              | Tier 3           | QLC (4 tabs/month)                        |
| BINOSTO ( <i>alendronate sodium</i> ) 70 MG EFFER TAB                       | Tier 3           | ST, QLC (4 tabs/month)                    |
| BONIVA ( <i>ibandronate sodium</i> ) 150 MG TAB                             | Tier 3           | QLC (1 tab/month)                         |
| <i>calcitonin (salmon) inj 200 unit/ml</i>                                  | Tier 1           |   |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>                          | Tier 1           | QLC (1 bottle/month)                      |
| <i>calcitriol cap 0.25 mcg</i>  | Tier 1           |   |
| <i>calcitriol cap 0.5 mcg</i>   | Tier 1           |   |
| <i>calcitriol oral soln 1 mcg/ml</i>  | Tier 1           |   |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>                                | Tier 1           | PA  |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>                                | Tier 1           | PA  |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>                                | Tier 1           | PA  |
| DOXERCALCIFEROL 0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP                         | Tier 1           |   |
| <i>doxercalciferol cap 0.5 mcg</i>  | Tier 1           |   |
| <i>doxercalciferol cap 1 mcg</i>  | Tier 1           |   |
| <i>doxercalciferol cap 2.5 mcg</i>  | Tier 1           |   |
| DRISDOL ( <i>ergocalciferol</i> ) 1.25 MG (50000 UT) CAP                    | Tier 3           |   |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>                              | Tier 1           |   |
| <i>ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))</i> | Tier 1           |   |
| FORTEO ( <i>teriparatide (recombinant)</i> ) 600 MCG/2.4ML SOLN PEN         | Tier 4           | PA, S (Specialty Drug), QLC (1 pen/month) |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>              |
|--|------------------|--|
| FOSAMAX ( <i>alendronate sodium</i> ) 70 MG TAB  | Tier 3           | QLC (4 tabs/month)                                   |
| FOSAMAX PLUS D ( <i>alendronate sodium-cholecalciferol</i> ) 70-2800 MG-TAB, 70-5600 MG-TAB                                  | Tier 3           | QLC (4 tabs/month)                                   |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>   | Tier 1           | QLC (1 tab/month)                                    |
| MIACALCIN ( <i>calcitonin (salmon)</i> ) 200 UNIT/ML SOLUTION  | Tier 4           |  |
| NATPARA ( <i>parathyroid hormone (recombinant)</i> ) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 cartridges/month) |
| <i>paricalcitol cap 1 mcg</i>  | Tier 1           |  |
| <i>paricalcitol cap 2 mcg</i>  | Tier 1           |  |
| <i>paricalcitol cap 4 mcg</i>  | Tier 1           |  |
| RAYALDEE ( <i>calcifediol</i> ) 30 MCG CAP ER  | Tier 3           | PA   |
| <i>risedronate sodium tab 150 mg</i>   | Tier 1           | QLC (1 tab/month)                                    |
| <i>risedronate sodium tab 30 mg</i>  | Tier 1           | PA   |
| <i>risedronate sodium tab 35 mg</i>  | Tier 1           | QLC (4 tabs/month)                                   |
| <i>risedronate sodium tab 5 mg</i>   | Tier 1           | QLC (1 tab/day)                                      |
| <i>risedronate sodium tab delayed release 35 mg</i>  | Tier 1           | QLC (4 tabs/month)                                   |
| ROCALTROL ( <i>calcitriol</i> ) 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION   | Tier 3           |  |
| SENSIPAR ( <i>cinacalcet hcl</i> ) 30 MG TAB, 60 MG TAB, 90 MG TAB   | Tier 3           | PA   |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN   | Tier 4           | PA, S (Specialty Drug), QLC (1 pen/month)            |
| <i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 pen/month)            |
| <i>teriparatide soln pen-inj 600 mcg/2.4ml</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 pen/month)            |
| TYMLOS ( <i>abaloparatide</i> ) 3120 MCG/1.56ML SOLN PEN   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/month)        |
| ZEMPLAR ( <i>paricalcitol</i> ) 1 MCG CAP, 2 MCG CAP   | Tier 3           |  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b> | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|-------------------------------|------------------|---|
|-------------------------------|------------------|---|

### **MISCELLANEOUS THERAPEUTIC AGENTS**

|   |        |  |
|---|--------|--|
| AEROCHAMBER HOLDING CHAMBER DEVICE  | Tier 2 |  |
| AEROCHAMBER MINI CHAMBER DEVICE   | Tier 2 |  |
| AEROCHAMBER MV MISC   | Tier 2 |  |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE   | Tier 2 |  |
| AEROCHAMBER PLUS FLO-VU - MISC  | Tier 2 |  |
| AEROCHAMBER PLUS FLO-VU INTERM - DEVICE   | Tier 2 |  |
| AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC                                    | Tier 2 |  |
| AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC                                   | Tier 2 |  |
| AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - MISC                                    | Tier 2 |  |
| AEROCHAMBER PLUS FLO-VU W/MASK - MISC   | Tier 2 |  |
| AEROCHAMBER PLUS FLOW VU MISC   | Tier 2 |  |
| AEROCHAMBER W/FLOWSIGNAL MISC   | Tier 2 |  |
| AEROCHAMBER Z-STAT PLUS - MISC  | Tier 2 |  |
| AEROCHAMBER Z-STAT PLUS CHAMBR - MISC   | Tier 2 |  |
| AEROCHAMBER Z-STAT PLUS/LARGE - MISC  | Tier 2 |  |
| AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC   | Tier 2 |  |
| AEROCHAMBER Z-STAT PLUS/SMALL - MISC  | Tier 2 |  |
| AEROVENT PLUS DEVICE  | Tier 2 |  |
| AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | Tier 2 |  |
| AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC                                | Tier 2 |  |

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| <b>PRESCRIPTION DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | Tier 2           |   |
| BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC               | Tier 2           |   |
| BD MICROTAINER LANCETS MISC                                   | Tier 2           | QLC (200 lancets/month)                 |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC                        | Tier 2           |   |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC       | Tier 2           |   |
| BD SYRINGE LUER-LOK -3 ML MISC                                | Tier 3           | QLC (100 syringes/30 days)              |
| BREATHE EASE LARGE DEVICE                                     | Tier 2           |   |
| BREATHE EASE MEDIUM DEVICE                                    | Tier 2           |   |
| BREATHE EASE SMALL DEVICE                                     | Tier 2           |   |
| BREATHERITE VALVED MDI CHAMBER DEVICE                         | Tier 2           |   |
| CAYA ( <i>diaphragm arc-spring</i> )                          | Tier 2           | ACA (Preventive Health)                 |
| CEQUR SIMPLICITY 2U DEVICE                                    | Tier 3           | PA, QLC (10 patches/30 days)            |
| CLEVER CHOICE HOLDING CHAMBER DEVICE                          | Tier 2           |   |
| COMPACT SPACE CHAMBER DEVICE                                  | Tier 2           |   |
| COMPACT SPACE CHAMBER/LG MASK DEVICE                          | Tier 2           |   |
| COMPACT SPACE CHAMBER/MED MASK DEVICE                         | Tier 2           |   |
| COMPACT SPACE CHAMBER/SM MASK DEVICE                          | Tier 2           |   |
| D-CARE BLOOD GLUCOSE ( <i>glucose blood</i> ) -BLOO STRIP     | Tier 3           | PA, QLC (200 units/month)               |
| DEXCOM G5 MOB/G4 PLAT SENSOR MISC                             | Tier 2           | PA, QLC (1 box/month)                   |
| DEXCOM G5 MOBILE RECEIVER DEVICE                              | Tier 2           | PA, QLC (One receiver/reader per year)  |
| DEXCOM G5 MOBILE TRANSMITTER MISC                             | Tier 2           | PA, QLC (1 transmitter/90 days)         |
| DEXCOM G5 RECEIVER KIT DEVICE                                 | Tier 2           | PA, QLC (One receiver/reader per year)  |
| DEXCOM G6 RECEIVER DEVICE                                     | Tier 2           | PA, QLC (One receiver/reader per year)  |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| DEXCOM G6 SENSOR MISC  | Tier 2           | PA, QLC (1 box/month)                   |
| DEXCOM G6 TRANSMITTER MISC   | Tier 2           | PA, QLC (1 transmitter/90 days)         |
| DEXCOM G7 RECEIVER DEVICE  | Tier 2           | PA, QLC (One reader/receiver per year)  |
| DEXCOM G7 SENSOR MISC  | Tier 2           | PA, QLC (3 sensors/month)               |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | Tier 2           |   |
| EASIVENT MASK LARGE MISC   | Tier 2           |   |
| EASIVENT MASK MEDIUM MISC  | Tier 2           |   |
| EASIVENT MASK SMALL MISC   | Tier 2           |   |
| EASIVENT MISC  | Tier 2           |   |
| EQ SPACE CHAMBER ANTI-STATIC - DEVICE  | Tier 2           |   |
| EQ SPACE CHAMBER ANTI-STATIC L - DEVICE  | Tier 2           |   |
| EQ SPACE CHAMBER ANTI-STATIC M - DEVICE  | Tier 2           |   |
| EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE  | Tier 2           |   |
| FEMCAP ( <i>cervical caps</i> ) 22 DEVICE, 26 DEVICE, 30 DEVICE  | Tier 2           | ACA (Preventive Health)                 |
| FILSUVEZ ( <i>birch triterpenes</i> ) 10 % GEL   | Tier 4           | PA, LA, QLC (23.4gm/day)                |
| FLEXICHAMBER ADULT MASK/SMALL MISC   | Tier 2           |   |
| FLEXICHAMBER CHILD MASK/LARGE MISC   | Tier 2           |   |
| FLEXICHAMBER CHILD MASK/SMALL MISC   | Tier 2           |   |
| FLEXICHAMBER DEVICE  | Tier 2           |   |
| FREESTYLE LIBRE 14 DAY READER DEVICE   | Tier 3           | PA, QLC (One receiver/reader per year)  |
| FREESTYLE LIBRE 14 DAY SENSOR MISC   | Tier 3           | PA, QLC (2 sensors/month)               |
| FREESTYLE LIBRE 2 PLUS SENSOR MISC   | Tier 3           | PA, QLC (2 sensors/month)               |

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| <b>PRESCRIPTION DRUG NAME</b>           | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| FREESTYLE LIBRE 2 READER DEVICE         | Tier 3           | PA, QLC (One receiver/reader per year)  |
| FREESTYLE LIBRE 2 SENSOR MISC           | Tier 3           | PA, QLC (2 sensors/month)               |
| FREESTYLE LIBRE 3 PLUS SENSOR MISC      | Tier 3           | PA, QLC (2 sensors/month)               |
| FREESTYLE LIBRE 3 READER DEVICE         | Tier 3           | PA, QLC (one receiver/reader per year)  |
| FREESTYLE LIBRE 3 SENSOR MISC           | Tier 3           | PA, QLC (2 sensors/month)               |
| FREESTYLE LIBRE READER DEVICE           | Tier 3           | PA, QLC (One receiver/reader per year)  |
| GUARDIAN 4 GLUCOSE SENSOR MISC          | Tier 3           | PA, QLC (5 sensors/month)               |
| GUARDIAN 4 TRANSMITTER MISC             | Tier 3           | PA, QLC (1 transmitter/year)            |
| GUARDIAN CONNECT TRANSMITTER MISC       | Tier 3           | PA, QLC (1 transmitter/year)            |
| GUARDIAN REAL-TIME REPLACE PED - DEVICE | Tier 3           | PA, QLC (One receiver/reader per year)  |
| GUARDIAN SENSOR (3) MISC                | Tier 3           | PA, QLC (5 sensors/month)               |
| GUARDIAN SENSOR 3 MISC                  | Tier 3           | PA, QLC (5 sensors/month)               |
| INPEN 100-BLUE-LILLY-HUMALOG --- DEVICE | Tier 3           | PA, QLC (1 pen/year)                    |
| INPEN 100-BLUE-NOVOLOG-FIASP --- DEVICE | Tier 3           | PA, QLC (1 pen/year)                    |
| INPEN 100-GREY-LILLY-HUMALOG --- DEVICE | Tier 3           | PA, QLC (1 pen/year)                    |
| INPEN 100-GREY-NOVOLOG-FIASP --- DEVICE | Tier 3           | PA, QLC (1 pen/year)                    |
| INPEN 100-PINK-LILLY-HUMALOG --- DEVICE | Tier 3           | PA, QLC (1 pen/year)                    |
| INPEN 100-PINK-NOVOLOG-FIASP --- DEVICE | Tier 3           | PA, QLC (1 pen/year)                    |
| INSPIRACHAMBER/LARGE DEVICE             | Tier 2           |   |
| INSPIRACHAMBER/MEDIUM DEVICE            | Tier 2           |   |
| INSPIRACHAMBER/MOUTHPIECE DEVICE        | Tier 2           |   |
| INSPIRACHAMBER/SMALL DEVICE             | Tier 2           |   |
| INSPIREASE MISC                         | Tier 2           |   |

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Therapy

| PRESCRIPTION DRUG NAME  | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS            |
|---|-----------|---|
| INSULIN SYRINGE-NEEDLE U-100 -- 100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, -100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, -100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC | Tier 2    |   |
| IQRVO ( <i>elafibranor</i> ) 80 MG TAB  | Tier 4    | PA, LA, S (Specialty Drug), QLC (1 tab/day) |
| LIVDELZI ( <i>seladelpar lysine</i> ) 10 MG CAP   | Tier 4    | PA, LA, QLC (1 cap/day)                     |
| MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC   | Tier 2    |   |
| MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC   | Tier 2    |   |
| <i>methylergonovine maleate tab 0.2 mg</i>  | Tier 1    | QLC (28 tabs/30 days)                       |
| methylergonovine maleate tab 0.2 mg (Methergine)  | Tier 1    | QLC (28 tabs/30 days)                       |
| MICROCHAMBER DEVICE, MISC   | Tier 2    |   |
| MICROSPACER MISC  | Tier 2    |   |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC   | Tier 2    |   |
| MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC   | Tier 2    |   |
| NOVOPEN ECHO DEVICE   | Tier 3    | PA, QLC (1 pen/year)                        |
| OMNIFLEX DIAPHRAGM ( <i>diaphragms</i> )  | Tier 2    | ACA (Preventive Health)                     |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC   | Tier 3    | PA, QLC (1 pod/2 days)                      |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT  | Tier 3    | PA, QLC (1 kit/2 years)                     |
| OMNIPOD 5 G6 PODS (GEN 5) MISC  | Tier 3    | PA, QLC (1 pod/2 days)                      |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| OMNIPOD 5 G7 INTRO (GEN 5) KIT  | Tier 3           | PA, QLC (1 kit/2 years)                 |
| OMNIPOD 5 G7 PODS (GEN 5) MISC  | Tier 3           | PA, QLC (1 pod/2 days)                  |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT  | Tier 3           | PA, QLC (1 kit/2 years)                 |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC  | Tier 3           | PA, QLC (1 pod/2 days)                  |
| OMNIPOD CLASSIC PODS (GEN 3) MISC   | Tier 3           | PA, QLC (1 pod/2 days)                  |
| OMNIPOD DASH INTRO (GEN 4) KIT  | Tier 3           | PA, QLC (1 kit/2 years)                 |
| OMNIPOD DASH PODS (GEN 4) MISC  | Tier 3           | PA, QLC (1 pod/2 days)                  |
| OMNIPOD GO 10 UNIT/24HR KIT   | Tier 3           | PA, QLC (10 kits/month)                 |
| OMNIPOD GO 15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT | Tier 3           | PA, QLC (10 kits/month)                 |
| OPTICHAMBER DIAMOND DEVICE, MISC  | Tier 2           |   |
| OPTICHAMBER DIAMOND-LG MASK - DEVICE  | Tier 2           |   |
| OPTICHAMBER DIAMOND-MD MASK - MISC  | Tier 2           |   |
| OPTICHAMBER DIAMOND-SM MASK - MISC  | Tier 2           |   |
| OPVEE ( <i>nalmefene hcl (antidote)</i> ) 2.7 MG/0.1ML SOLUTION   | Tier 3           | QLC (2 sprayers/30 days)                |
| PEN NEEDLES PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC  | Tier 2           |   |
| PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC  | Tier 2           |   |
| POCKET CHAMBER DEVICE   | Tier 2           |   |
| POCKET SPACER DEVICE  | Tier 2           |   |
| PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC  | Tier 2           |   |
| PROCHAMBER VHC DEVICE   | Tier 2           |   |
| QBREXZA ( <i>glycopyrronium tosylate</i> ) 2.4 % PAD  | Tier 3           | PA, QLC (1 towelette/day)               |
| RITEFLO DEVICE  | Tier 2           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| SURE COMFORT PEN NEEDLES PEN<br>31G 6 MISC, PEN 32G 4 MISC                           | Tier 2           |   |
| ULTICARE INSULIN SAFETY SYR 1/2" 0.5<br>ML MISC, 1/2" 1 ML MISC                      | Tier 2           |   |
| ULTILET INSULIN SYRINGE 31G X 15/64"<br>0.3 ML MISC                                  | Tier 2           |   |
| V-GO 20 -UNIT/24HR KIT   | Tier 3           | PA, QLC (1 device/day)                  |
| V-GO 30 -UNIT/24HR KIT   | Tier 3           | PA, QLC (1 device/day)                  |
| V-GO 40 -UNIT/24HR KIT   | Tier 3           | PA, QLC (1 device/day)                  |
| VISTOGARD ( <i>uridine triacetate</i><br><i>(emergency treatment)</i> ) 10 GM PACKET | Tier 4           | LA, QLC (20 packets/month)              |
| VORTEX HOLD CHMBR/MASK/CHILD<br>DEVICE   | Tier 2           |   |
| VORTEX HOLD<br>CHMBR/MASK/TODDLER DEVICE   | Tier 2           |   |
| VORTEX VALVE CHAMBER-PEDI MASK<br>- DEVICE   | Tier 2           |   |
| VORTEX VALVED HOLDING CHAMBER<br>DEVICE  | Tier 2           |   |
| VOWST ( <i>fecal microbiota spores, live-<br/>brpk</i> ) CAP                         | Tier 4           | PA, LA, QLC (12 caps/30 days)           |
| WAINUA ( <i>eplontersen sodium</i> ) 45<br>MG/0.8ML SOLN -INJ                        | Tier 4           | PA, LA, QLC (1 pen/28 days)             |
| WIDE-SEAL DIAPHRAGM 60<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 65<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 70<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 75 ( <i>diaphragm<br/>wide seal</i> )                            | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 80<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 85<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 90<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |
| WIDE-SEAL DIAPHRAGM 95<br><i>(diaphragm wide seal)</i>                               | Tier 2           | ACA (Preventive Health)                 |

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| PRESCRIPTION DRUG NAME                                      | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|-----------|----------------------------------|
| XPHOZAH ( <i>tenapanor hcl (ckd)</i> ) 20 MG TAB, 30 MG TAB | Tier 4    | PA, LA, QLC (2 tabs/day)         |

## OPHTHALMIC AGENTS (Drugs for the Eyes)

### OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

|   |        |                          |
|---|--------|--------------------------|
| ALCAINE ( <i>proparacaine hcl</i> ) 0.5 % SOLUTION                                    | Tier 3 |                          |
| ATROPINE SULFATE ( <i>atropine sulfate (ophthalmic)</i> ) 1 % SOLUTION                | Tier 1 |                          |
| <i>atropine sulfate ophth soln 1%</i>   | Tier 1 |                          |
| bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) acitracin                             | Tier 1 |                          |
| bacitracin-polymyxin b ophth oint (Polycin) acitracin                                 | Tier 1 |                          |
| <i>bacitracin-polymyxin b ophth oint acitracin</i>                                    | Tier 1 |                          |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC) | Tier 1 |                          |
| bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)                       | Tier 1 |                          |
| BLEPHAMIDE ( <i>sulfacetamide sod-prednisolone</i> ) 10-0.2 % SUSPENSION              | Tier 2 |                          |
| BLEPHAMIDE S.O.P. ( <i>sulfacetamide sod-prednisolone</i> ) 10-0.2 % OINTMENT         | Tier 3 |                          |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>                       | Tier 1 |                          |
| CEQUA ( <i>cyclosporine (ophth)</i> ) 0.09 % SOLUTION                                 | Tier 3 | PA, QLC (60 vials/month) |
| COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> ) 0.2-0.5 % SOLUTION           | Tier 3 |                          |
| COSOPT ( <i>dorzolamide hcl-timolol maleate</i> ) 22.3-6.8 MG/ML SOLUTION             | Tier 3 |                          |
| COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> ) 2-0.5 % SOLUTION                 | Tier 3 | QLC (2 droperettes/day)  |
| CYCLOGYL ( <i>cyclopentolate hcl</i> ) 0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION     | Tier 3 |                          |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| CYCLOMYDRIL ( <i>cyclopentolate w/ phenylephrine</i> ) 0.2-1 % SOLUTION  | Tier 3           |   |
| <i>cyclopentolate hcl ophth soln 0.5%</i>  | Tier 1           |   |
| <i>cyclopentolate hcl ophth soln 1%</i>  | Tier 1           |   |
| <i>cyclopentolate hcl ophth soln 2%</i>  | Tier 1           |   |
| <i>cyclosporine (ophth) emulsion 0.05%</i>   | Tier 3           | PA, QLC (2 vials/day)                   |
| DORZOLAMIDE HCL-TIMOLOL MAL ( <i>dorzolamide hcl-timolol maleate</i> ) -22.3-6.8 MG/ML SOLUTION                  | Tier 1           |   |
| <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)              | Tier 1           | QLC (2 droperettes/day)                 |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>   | Tier 1           |   |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)                     | Tier 1           | QLC (2 droperettes/day)                 |
| HOMATROPAIRE ( <i>homatropine hbr</i> ) 5 % SOLUTION   | Tier 1           |   |
| ISOPTO ATROPINE ( <i>atropine sulfate (ophthalmic)</i> ) 1 % SOLUTION  | Tier 3           |   |
| LACRISERT ( <i>artificial tear insert</i> ) 5 MG   | Tier 3           |   |
| MAXITROL ( <i>neomycin-polymyx-dexameth</i> ) 0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION | Tier 3           |   |
| MIEBO ( <i>perfluorohexyloctane</i> ) 1.338 GM/ML SOLUTION   | Tier 3           | PA, QLC (1 bottle (3 ml)/ 30 days)      |
| MYDRIACYL ( <i>tropicamide</i> ) 1 % SOLUTION  | Tier 3           |   |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)                                       | Tier 1           |   |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)             | Tier 1           |   |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>  | Tier 1           |   |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>  | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| NEOMYCIN-POLYMYXIN-GRAMICIDIN --1.75-10000-.025 SOLUTION                                 | Tier 1           |   |
| NEOMYCIN-POLYMYXIN-HC ( <i>neomycin-polymyxin-hc (ophth)</i> ) --3.5-10000-1 SUSPENSION  | Tier 1           |   |
| OXERVATE ( <i>cenegermin-bkbj</i> ) 0.002 % SOLUTION                                     | Tier 4           | PA, LA, QLC (28 ml/28 days)             |
| PHENYLEPHRINE HCL ( <i>phenylephrine hcl (mydriatic)</i> ) 2.5 % SOLUTION                | Tier 3           |   |
| <i>phenylephrine hcl ophth soln 10%</i>  | Tier 1           |   |
| phenylephrine hcl ophth soln 10% (Altafrin)  | Tier 1           |   |
| <i>phenylephrine hcl ophth soln 2.5%</i>   | Tier 1           |   |
| phenylephrine hcl ophth soln 2.5% (Altafrin)   | Tier 1           |   |
| PRED-G ( <i>gentamicin-prednisolone acetate</i> ) -0.3-1 % SUSPENSION                    | Tier 3           |   |
| PRED-G S.O.P. ( <i>gentamicin-prednisolone acetate</i> ) -0.3-0.6 % OINTMENT             | Tier 3           |   |
| <i>proparacaine hcl ophth soln 0.5%</i>  | Tier 1           |   |
| RESTASIS ( <i>cyclosporine (ophth)</i> ) 0.05 % EMULSION                                 | Tier 1           | QLC (2 vials/day)                       |
| RESTASIS MULTIDOSE ( <i>cyclosporine (ophth)</i> ) 0.05 % EMULSION                       | Tier 2           | QLC (one 5.5 ml bottle/month)           |
| ROCKLATAN ( <i>netarsudil dimesylate-latanoprost</i> ) 0.02-0.005 % SOLUTION             | Tier 3           | PA, QLC (2.5 ml/25 days)                |
| SULFACETAMIDE-PREDNISOLONE ( <i>sulfacetamide sod-prednisolone</i> ) -10-0.23 % SOLUTION | Tier 1           |   |
| TOBRADEX ( <i>tobramycin-dexamethasone</i> ) 0.3-0.1 % OINTMENT                          | Tier 2           |   |
| TOBRADEX ( <i>tobramycin-dexamethasone</i> ) 0.3-0.1 % SUSPENSION                        | Tier 3           |   |
| TOBRADEX ST ( <i>tobramycin-dexamethasone</i> ) 0.3-0.05 % SUSPENSION                    | Tier 3           | QLC (1 bottle/fill)                     |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                                      | Tier 1           |   |

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|--|------------------|---|
| <i>tropicamide ophth soln 0.5%</i>   | Tier 1           |   |
| <i>tropicamide ophth soln 1%</i>   | Tier 1           |   |
| TYRVAYA ( <i>varenicline tartrate (cholinergic agonist)</i> ) 0.03 MG/ACT SOLUTION | Tier 3           | PA, QLC (2 bottles (8.4 ml)/30 days)    |
| UPNEEQ ( <i>oxymetazoline hcl (blepharoptosis)</i> ) 0.1 % SOLUTION                | Tier 3           | PA, QLC (1 dropperette/day)             |
| VERKAZIA ( <i>cyclosporine (ophth)</i> ) 0.1 % EMULSION                            | Tier 3           | PA, QLC (4 vials/day)                   |
| VEVYE ( <i>cyclosporine (ophth)</i> ) 0.1 % SOLUTION                               | Tier 3           | PA, QLC (one 2ml bottle/30 days)        |
| XDEMVIY ( <i>lotilaner</i> ) 0.25 % SOLUTION                                       | Tier 3           | PA, QLC (10 ml/30 days)                 |
| XIIDRA ( <i>lifitegrast</i> ) 5 % SOLUTION   | Tier 2           | QLC (60 vials/month)                    |
| ZYLET ( <i>loteprednol etabonate-tobramycin</i> ) 0.5-0.3 % SUSPENSION             | Tier 2           |   |
| <b>OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)</b>                    |                  |   |
| ALOCRIAL ( <i>nedocromil sodium (ophth)</i> ) 2 % SOLUTION                         | Tier 3           |   |
| ALOMIDE ( <i>lodoxamide tromethamine</i> ) 0.1 % SOLUTION                          | Tier 3           |   |
| <i>azelastine hcl ophth soln 0.05%</i>   | Tier 1           |   |
| <i>bepotastine besilate ophth soln 1.5%</i>  | Tier 1           | QLC (5 ml/month)                        |
| BEPREVE ( <i>bepotastine besilate</i> ) 1.5 % SOLUTION                             | Tier 3           | QLC (5 ml/month)                        |
| CROMOLYN SODIUM ( <i>cromolyn sodium (ophth)</i> ) 4 % SOLUTION                    | Tier 1           |   |
| <i>cromolyn sodium ophth soln 4%</i>   | Tier 1           |   |
| <i>epinastine hcl ophth soln 0.05%</i>   | Tier 1           |   |
| ZERVIAE ( <i>cetirizine hcl (ophth)</i> ) 0.24 % SOLUTION                          | Tier 3           | PA, QLC (2 dropperettes/day)            |
| <b>OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)</b>                       |                  |   |
| AZASITE ( <i>azithromycin (ophth)</i> ) 1 % SOLUTION                               | Tier 3           |   |
| BACITRACIN ( <i>bacitracin (ophthalmic)</i> ) 500 UNIT/GM OINTMENT                 | Tier 1           |   |
| BLEPH-10 ( <i>sulfacetamide sodium (ophth)</i> ) -% SOLUTION                       | Tier 3           |   |

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Therapy

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|--|------------------|---|
| ERYTHROMYCIN ( <i>erythromycin (ophth)</i> )<br>5 MG/GM OINTMENT                   | Tier 1           |   |
| <i>erythromycin ophth oint 5 mg/gm</i>   | Tier 1           |   |
| <i>gatifloxacin ophth soln 0.5%</i>  | Tier 1           | QLC (one 2.5 ml bottle/month)           |
| GENTAK ( <i>gentamicin sulfate (ophth)</i> ) 0.3<br>% OINTMENT                     | Tier 1           |   |
| <i>gentamicin sulfate ophth soln 0.3%</i>  | Tier 1           |   |
| LEVOFLOXACIN ( <i>levofloxacin (ophth)</i> )<br>0.5 % SOLUTION, 1.5 % SOLUTION     | Tier 1           |   |
| <i>levofloxacin ophth soln 0.5%</i>  | Tier 1           |   |
| MOXEZA ( <i>moxifloxacin hcl (ophth)</i> ) 0.5 %<br>SOLUTION                       | Tier 3           |   |
| MOXIFLOXACIN HCL (2X DAY)<br>( <i>moxifloxacin hcl (ophth)</i> ) 0.5 %<br>SOLUTION | Tier 1           |   |
| <i>moxifloxacin hcl ophth soln 0.5% (base<br/>equiv)</i>                           | Tier 1           |   |
| NATACYN ( <i>natamycin</i> ) 5 %<br>SUSPENSION                                     | Tier 3           |   |
| OCUFLOX ( <i>ofloxacin (ophth)</i> ) 0.3 %<br>SOLUTION                             | Tier 3           |   |
| <i>ofloxacin ophth soln 0.3%</i>   | Tier 1           |   |
| <i>polymyxin b-trimethoprim ophth soln<br/>10000 unit/ml-0.1%</i>                  | Tier 1           |   |
| POLYTRIM ( <i>polymyxin b-trimethoprim</i> )<br>10000-0.1 UNIT/ML-% SOLUTION       | Tier 3           |   |
| SULFACETAMIDE SODIUM<br>( <i>sulfacetamide sodium (ophth)</i> ) 10 %<br>OINTMENT   | Tier 1           |   |
| <i>sulfacetamide sodium ophth soln 10%</i>   | Tier 1           |   |
| <i>tobramycin ophth soln 0.3%</i>  | Tier 1           |   |
| TOBREX ( <i>tobramycin (ophth)</i> ) 0.3 %<br>OINTMENT                             | Tier 2           |   |
| TOBREX ( <i>tobramycin (ophth)</i> ) 0.3 %<br>SOLUTION                             | Tier 3           |   |
| TRIFLURIDINE 1 % SOLUTION  | Tier 1           |   |
| VIGAMOX ( <i>moxifloxacin hcl (ophth)</i> ) 0.5<br>% SOLUTION                      | Tier 3           |   |

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|--|------------------|---|
| ZIRGAN ( <i>ganciclovir ophthalmic</i> ) 0.15 % GEL  | Tier 3           | QLC (1 tube/month)                      |
| ZYMAXID ( <i>gatifloxacin (ophth)</i> ) 0.5 % SOLUTION   | Tier 3           | QLC (one 2.5 ml bottle/month)           |
| <b>OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)</b>                                 |                  |   |
| ACULAR ( <i>ketorolac tromethamine (ophth)</i> ) 0.5 % SOLUTION                                    | Tier 3           |   |
| ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> ) 0.4 % SOLUTION                                 | Tier 3           |   |
| ACUVAIL ( <i>ketorolac tromethamine (ophth)</i> ) 0.45 % SOLUTION                                  | Tier 2           | QLC (30 vials/30 days)                  |
| ALREX ( <i>loteprednol etabonate</i> ) 0.2 % SUSPENSION  | Tier 3           |   |
| <i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>   | Tier 1           | PA, QLC (1 bottle/month)                |
| <i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>  | Tier 1           | PA, QLC (1 bottle/month)                |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> (BROMFENAC SODIUM (ONCE-DAILY)) | Tier 1           |   |
| BROMSITE ( <i>bromfenac sodium (ophth)</i> ) 0.075 % SOLUTION                                      | Tier 3           | PA, QLC (1 bottle/month)                |
| DEXAMETHASONE SODIUM PHOSPHATE ( <i>dexamethasone sodium phosphate (ophth)</i> ) 0.1 % SOLUTION    | Tier 1           |   |
| <i>diclofenac sodium ophth soln 0.1%</i>   | Tier 1           |   |
| <i>difluprednate ophth emulsion 0.05%</i>  | Tier 1           |   |
| DUREZOL ( <i>difluprednate</i> ) 0.05 % EMULSION   | Tier 3           |   |
| EYSUVIS ( <i>loteprednol etabonate</i> ) 0.25 % SUSPENSION   | Tier 3           | PA, QLC (1 bottle (8.3 ml)/30 days)     |
| FLAREX ( <i>fluorometholone acetate</i> ) 0.1 % SUSPENSION   | Tier 3           |   |
| <i>fluorometholone ophth susp 0.1%</i>   | Tier 1           |   |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION  | Tier 1           |   |
| FML ( <i>fluorometholone (ophth)</i> ) 0.1 % OINTMENT  | Tier 3           |   |

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|--|------------------|---|
| FML FORTE ( <i>fluorometholone (ophth)</i> ) 0.25 % SUSPENSION                               | Tier 2           |   |
| FML LIQUIFILM ( <i>fluorometholone (ophth)</i> ) 0.1 % SUSPENSION                            | Tier 3           |   |
| ILEVRO ( <i>nepafenac</i> ) 0.3 % SUSPENSION   | Tier 3           | PA, QLC (1 bottle/month)                |
| INVELTYS ( <i>loteprednol etabonate</i> ) 1 % SUSPENSION                                     | Tier 3           | PA                                      |
| <i>ketorolac tromethamine ophth soln 0.4%</i>  | Tier 1           |   |
| <i>ketorolac tromethamine ophth soln 0.5%</i>  | Tier 1           |   |
| LOTEMAX ( <i>loteprednol etabonate</i> ) 0.5 % GEL, 0.5 % SUSPENSION                         | Tier 3           |   |
| LOTEMAX ( <i>loteprednol etabonate</i> ) 0.5 % OINTMENT                                      | Tier 3           | QLC (1 tube/month)                      |
| LOTEMAX SM ( <i>loteprednol etabonate</i> ) 0.38 % GEL                                       | Tier 3           |   |
| <i>loteprednol etabonate ophth gel 0.5%</i>  | Tier 1           |   |
| <i>loteprednol etabonate ophth susp 0.2%</i>   | Tier 1           |   |
| <i>loteprednol etabonate ophth susp 0.5%</i>   | Tier 1           |   |
| MAXIDEX ( <i>dexamethasone (ophth)</i> ) 0.1 % SUSPENSION                                    | Tier 3           |   |
| NEVANAC ( <i>nepafenac</i> ) 0.1 % SUSPENSION  | Tier 3           |   |
| PRED FORTE ( <i>prednisolone acetate (ophth)</i> ) 1 % SUSPENSION                            | Tier 3           |   |
| PRED MILD ( <i>prednisolone acetate (ophth)</i> ) 0.12 % SUSPENSION                          | Tier 2           |   |
| <i>prednisolone acetate ophth susp 1%</i>  | Tier 1           |   |
| PREDNISOLONE ACETATE P-F ( <i>prednisolone acetate (ophth)</i> ) REDNISOLONE -1 % SUSPENSION | Tier 1           |   |
| PREDNISOLONE SODIUM PHOSPHATE ( <i>prednisolone sodium phosphate (ophth)</i> ) 1 % SOLUTION  | Tier 1           |   |
| PROLENSA ( <i>bromfenac sodium (ophth)</i> ) 0.07 % SOLUTION                                 | Tier 3           | PA, QLC (1 bottle/month)                |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

|   |        |    |
|---|--------|----|
| BETAXOLOL HCL ( <i>betaxolol hcl (ophth)</i> )<br>0.5 % SOLUTION                            | Tier 1 |    |
| <i>betaxolol hcl ophth soln 0.5%</i>  | Tier 1 |    |
| BETIMOL ( <i>timolol</i> ) 0.25 % SOLUTION,<br>0.5 % SOLUTION                               | Tier 2 |    |
| BETOPTIC-S ( <i>betaxolol hcl (ophth)</i> ) -0.25<br>% UPENION                              | Tier 2 |    |
| CARTEOLOL HCL ( <i>carteolol hcl (ophth)</i> ) 1<br>% SOLUTION                              | Tier 1 |    |
| ISTALOL ( <i>timolol maleate (ophth)</i> ) 0.5 %<br>SOLUTION                                | Tier 3 |    |
| LEVOBUNOLOL HCL 0.5 % SOLUTION  | Tier 1 |    |
| <i>timolol maleate ophth gel forming soln<br/>0.25%</i>                                     | Tier 1 |    |
| <i>timolol maleate ophth gel forming soln<br/>0.5%</i>                                      | Tier 1 |    |
| <i>timolol maleate ophth soln 0.25%</i>   | Tier 1 |    |
| <i>timolol maleate ophth soln 0.5%</i>  | Tier 1 |    |
| <i>timolol maleate ophth soln 0.5% (once-<br/>daily)</i>                                    | Tier 1 |    |
| <i>timolol maleate ophth soln 0.5% (once-<br/>daily)</i> (TIMOLOL MALEATE (ONCE-<br>DAILY)) | Tier 1 |    |
| <i>timolol maleate preservative free ophth<br/>soln 0.25%</i> (TIMOLOL MALEATE PF)          | Tier 1 | ST |
| <i>timolol maleate preservative free ophth<br/>soln 0.5%</i> (TIMOLOL MALEATE<br>OCUDOSE)   | Tier 1 | ST |
| <i>timolol maleate preservative free ophth<br/>soln 0.5%</i> (TIMOLOL MALEATE PF)           | Tier 1 | ST |
| TIMOPTIC ( <i>timolol maleate (ophth)</i> ) 0.25<br>% SOLUTION, 0.5 % SOLUTION              | Tier 3 |    |
| TIMOPTIC OCUDOSE ( <i>timolol maleate<br/>(ophth)</i> ) 0.25 % SOLUTION, 0.5 %<br>SOLUTION  | Tier 3 | ST |
| TIMOPTIC-XE ( <i>timolol maleate (ophth)</i> ) -<br>0.25 % GEL F SOLN, -0.5 % GEL F SOLN    | Tier 3 |    |

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|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

|  |        |                          |
|--|--------|--------------------------|
| <i>acetazolamide cap er 12hr 500 mg</i><br>(ACETAZOLAMIDE ER)                      | Tier 1 |                          |
| ALPHAGAN P ( <i>brimonidine tartrate</i> )<br>ALHAGAN 0.1 % SOLUTION               | Tier 2 |                          |
| ALPHAGAN P ( <i>brimonidine tartrate</i> )<br>ALHAGAN 0.15 % SOLUTION              | Tier 3 |                          |
| APRACLONIDINE HCL 0.5 % SOLUTION   | Tier 1 |                          |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>                         | Tier 1 |                          |
| AZOPT ( <i>brinzolamide</i> ) 1 % SUSPENSION                                       | Tier 3 | ST                       |
| <i>brimonidine tartrate ophth soln 0.1%</i>  | Tier 1 |                          |
| <i>brimonidine tartrate ophth soln 0.15%</i>                                       | Tier 1 |                          |
| <i>brimonidine tartrate ophth soln 0.2%</i>  | Tier 1 |                          |
| <i>brinzolamide ophth susp 1%</i>  | Tier 1 | ST                       |
| DORZOLAMIDE HCL 2 % SOLUTION   | Tier 3 |                          |
| <i>dorzolamide hcl ophth soln 2%</i>   | Tier 1 |                          |
| IOPIDINE ( <i>apraclonidine hcl</i> ) 1 % SOLUTION                                 | Tier 3 |                          |
| ISOPTO CARPINE ( <i>pilocarpine hcl</i> ) 1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION | Tier 3 |                          |
| <i>methazolamide tab 25 mg</i>   | Tier 1 |                          |
| <i>methazolamide tab 50 mg</i>   | Tier 1 |                          |
| PHOSPHOLINE IODIDE ( <i>echothiophate iodide</i> ) 0.125 % RECON SOLN              | Tier 3 | PA, QLC (5 ml/30 days)   |
| <i>pilocarpine hcl ophth soln 1%</i>   | Tier 1 |                          |
| <i>pilocarpine hcl ophth soln 2%</i>   | Tier 1 |                          |
| <i>pilocarpine hcl ophth soln 4%</i>   | Tier 1 |                          |
| RHOPRESSA ( <i>netarsudil dimesylate</i> )<br>0.02 % SOLUTION                      | Tier 3 | PA, QLC (1 bottle/month) |
| SIMBRINZA ( <i>brinzolamide-brimonidine tartrate</i> ) 1-0.2 % SUSPENSION          | Tier 2 |                          |
| TRUSOPT ( <i>dorzolamide hcl</i> ) 2 % SOLUTION                                    | Tier 3 |                          |

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|--|-----------|----------------------------------|
| VUITY ( <i>pilocarpine hcl</i> ) 1.25 % SOLUTION   | Tier 3    | PA, QLC (5 ml/25 days)           |
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)</b>                |           |                                  |
| <i>bimatoprost ophth soln 0.03%</i>  | Tier 1    | ST, QLC (7.5 ml/month)           |
| IYUZEH ( <i>latanoprost</i> ) 0.005 % SOLUTION   | Tier 3    | PA, QLC (1 container/day)        |
| LATANOPROST 0.005 % SOLUTION   | Tier 1    | QLC (5 ml/ month)                |
| <i>latanoprost ophth soln 0.005%</i>   | Tier 1    | QLC (5 ml/ month)                |
| LUMIGAN ( <i>bimatoprost</i> ) 0.01 % SOLUTION   | Tier 2    | ST, QLC (5 ml/month)             |
| <i>tafluprost preservative free (pf) ophth soln 0.0015%</i> (TAFLUPROST (PF))              | Tier 1    | ST, QLC (1 dropperette/day)      |
| TRAVATAN Z ( <i>travoprost</i> ) 0.004 % SOLUTION  | Tier 3    | ST, QLC (5 ml/month)             |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE)) | Tier 1    | ST, QLC (5 ml/month)             |
| VYZULTA ( <i>latanoprostene bunod</i> ) 0.024 % SOLUTION                                   | Tier 3    | PA, QLC (1 bottle/month)         |
| XALATAN ( <i>latanoprost</i> ) 0.005 % SOLUTION  | Tier 3    | QLC (5 ml/ month)                |
| XELPROS ( <i>latanoprost</i> ) 0.005 % EMULSION  | Tier 3    | ST, QLC (1 bottle/month)         |
| ZIOPTAN ( <i>tafluprost</i> ) 0.0015 % SOLUTION  | Tier 3    | ST, QLC (1 dropperette/day)      |

### OTIC AGENTS (Drugs for the Ears)

|  |        |    |
|--|--------|----|
| <i>acetic acid otic soln 2%</i>                                      | Tier 1 |    |
| CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> ) 0.2 % SOLUTION          | Tier 3 |    |
| CIPRO HC ( <i>ciprofloxacin-hydrocortisone</i> ) 0.2-1 % SUSPENSION  | Tier 3 | ST |
| CIPRODEX ( <i>ciprofloxacin-dexamethasone</i> ) 0.3-0.1 % SUSPENSION | Tier 3 |    |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>            | Tier 1 |    |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>                | Tier 1 |    |

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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|--|------------------|---|
| CIPROFLOXACIN-FLUOCINOLONE PF<br>( <i>ciprofloxacin-fluocinolone acetonide</i> ) -<br>0.3-0.025 % SOLUTION | Tier 1           | QLC (14 vials/7 days)                   |
| CORTISPORIN-TC ( <i>neomycin-colistin-<br/>hc-thonzonium</i> ) -3.3-3-10-0.5 MG/ML<br>SUSPENSION           | Tier 3           |   |
| DERMOTIC ( <i>fluocinolone acetonide<br/>(otic)</i> ) 0.01 % OIL   | Tier 2           |   |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>   | Tier 1           |   |
| fluocinolone acetonide (otic) oil 0.01%<br>(Flac)  | Tier 1           |   |
| <i>hydrocortisone w/ acetic acid otic soln 1-<br/>2%</i> (HYDROCORTISONE-ACETIC ACID)                      | Tier 1           |   |
| <i>neomycin-polymyxin-hc otic soln 1%</i>  | Tier 1           |   |
| <i>neomycin-polymyxin-hc otic susp 3.5<br/>mg/ml-10000 unit/ml-1%</i>                                      | Tier 1           |   |
| <i>ofloxacin otic soln 0.3%</i>  | Tier 1           |   |
| OTOVEL ( <i>ciprofloxacin-fluocinolone<br/>acetonide</i> ) 0.3-0.025 % SOLUTION                            | Tier 3           | QLC (14 vials/7 days)                   |

## **RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)**

### **ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms)**

|  |        |                            |
|--|--------|----------------------------|
| ALVESCO ( <i>ciclesonide</i> ) 160 MCG/ACT<br>AERO SOLN  | Tier 3 | ST, QLC (2 inhalers/month) |
| ALVESCO ( <i>ciclesonide</i> ) 80 MCG/ACT<br>AERO SOLN   | Tier 3 | ST, QLC (1 inhaler/month)  |
| ARMONAIR DIGIHALER ( <i>fluticasone<br/>propionate with sensor (inhalation)</i> ) 55<br>MCG/ACT AER POW BA, 113 MCG/ACT<br>AER POW BA, 232 MCG/ACT AER POW<br>BA | Tier 3 | PA, QLC (1 inhaler/month)  |
| ARNUITY ELLIPTA ( <i>fluticasone furoate<br/>(inhalation)</i> ) 50 MCG/ACT AER POW BA,<br>100 MCG/ACT AER POW BA, 200<br>MCG/ACT AER POW BA                      | Tier 2 | QLC (1 inhaler/month)      |
| ASMANEX (120 METERED DOSES)<br>( <i>mometasone furoate (inhalation)</i> ) 220<br>MCG/ACT AER POW BA  | Tier 2 | QLC (1 inhaler/month)      |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b> |
|---|------------------|---|
| ASMANEX (14 METERED DOSES)<br><i>(mometasone furoate (inhalation))</i> 220<br>MCG/ACT AER POW BA                                  | Tier 2           | QLC (1 inhaler/month)                   |
| ASMANEX (30 METERED DOSES)<br><i>(mometasone furoate (inhalation))</i> 110<br>MCG/ACT AER POW BA, 220 MCG/ACT<br>AER POW BA       | Tier 2           | QLC (1 inhaler/month)                   |
| ASMANEX (60 METERED DOSES)<br><i>(mometasone furoate (inhalation))</i> 220<br>MCG/ACT AER POW BA                                  | Tier 2           | QLC (1 inhaler/month)                   |
| ASMANEX (7 METERED DOSES)<br><i>(mometasone furoate (inhalation))</i> 110<br>MCG/ACT AER POW BA                                   | Tier 2           | QLC (1 inhaler/month)                   |
| ASMANEX HFA ( <i>mometasone furoate<br/>(inhalation)</i> ) 50 MCG/ACT AEROSOL,<br>100 MCG/ACT AEROSOL, 200 MCG/ACT<br>AEROSOL     | Tier 2           | QLC (1 inhaler/month)                   |
| BECONASE AQ ( <i>beclomethasone diprop<br/>monohyd</i> ) 42 MCG/SPRAY<br>SUSPENSION   | Tier 3           | ST, QLC (1 bottle/month)                |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>   | Tier 1           | QLC (4 ml/day)                          |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>  | Tier 1           | QLC (4 ml/day)                          |
| <i>budesonide inhalation susp 1 mg/2ml</i>  | Tier 1           | QLC (2 ml/day)                          |
| FLOVENT DISKUS ( <i>fluticasone<br/>propionate (inhalation)</i> ) 250 MCG/ACT<br>AER POW BA                                       | Tier 3           | PA, QLC (4 inhalers/month)              |
| FLOVENT DISKUS ( <i>fluticasone<br/>propionate (inhalation)</i> ) 50 MCG/ACT<br>AER POW BA, 100 MCG/ACT AER POW<br>BA             | Tier 3           | PA, QLC (1 inhaler/month)               |
| FLOVENT HFA ( <i>fluticasone propionate<br/>hfa</i> ) 44 MCG/ACT AEROSOL, 110<br>MCG/ACT AEROSOL, 220 MCG/ACT<br>AEROSOL          | Tier 3           | PA, QLC (2 inhalers/month)              |
| FLUTICASONE PROPIONATE DISKUS<br><i>(fluticasone propionate (inhalation))</i> 250<br>MCG/ACT AER POW BA                           | Tier 3           | PA, QLC (4 inhalers/month)              |
| FLUTICASONE PROPIONATE DISKUS<br><i>(fluticasone propionate (inhalation))</i> 50<br>MCG/ACT AER POW BA, 100 MCG/ACT<br>AER POW BA | Tier 3           | PA, QLC (1 inhaler/month)               |
| FLUTICASONE PROPIONATE HFA 44<br>MCG/ACT AEROSOL, 110 MCG/ACT<br>AEROSOL, 220 MCG/ACT AEROSOL                                     | Tier 3           | PA, QLC (2 inhalers/month)              |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|--|------------------|---|
| PULMICORT ( <i>budesonide (inhalation)</i> ) 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION           | Tier 3           | QLC (4 ml/day)                              |
| PULMICORT ( <i>budesonide (inhalation)</i> ) 1 MG/2ML SUSPENSION                                     | Tier 3           | QLC (2 ml/day)                              |
| PULMICORT FLEXHALER ( <i>budesonide (inhalation)</i> ) 90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA | Tier 2           | QLC (2 inhalers/month)                      |
| QNASL ( <i>beclomethasone dipropionate (nasal)</i> ) 80 MCG/ACT AERO SOLN                            | Tier 3           | ST, QLC (1 bottle (10.6 ml)/month)          |
| QNASL CHILDRENS ( <i>beclomethasone dipropionate (nasal)</i> ) 40 MCG/ACT AERO SOLN                  | Tier 3           | ST, QLC (1 bottle (6.8 ml)/month)           |
| QVAR REDIHALER ( <i>beclomethasone dipropionate hfa</i> ) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA     | Tier 2           | QLC (2 inhalers/month)                      |
| XHANCE ( <i>fluticasone propionate (nasal)</i> ) 93 MCG/ACT EXHU                                     | Tier 3           | PA, QLC (2 bottles/month)                   |
| <b>ANTIHISTAMINES (Drugs for Allergies)</b>  |                  |   |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/</i>  | Tier 1           | QLC (1 bottle/25 days)                      |
| CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION  | Tier 1           |   |
| CARBINOXAMINE MALEATE 6 MG TAB   | Tier 1           | PA, QLC (4 tabs/day)                        |
| <i>carbinoxamine maleate tab 4 mg</i>  | Tier 1           |   |
| CLARINEX ( <i>desloratadine</i> ) 5 MG TAB   | Tier 3           |   |
| CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP  | Tier 1           | PA, QLC (60 ml/day)                         |
| CLEMASTINE FUMARATE 2.68 MG TAB  | Tier 1           |   |
| <i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>                                    | Tier 1           | PA, QLC (60 ml/day)                         |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i>   | Tier 1           |   |
| <i>cyproheptadine hcl tab 4 mg</i>   | Tier 1           |   |
| DESLORATADINE 2.5 MG TAB DISP, 5 MG TAB DISP   | Tier 1           | ST  |
| <i>desloratadine tab 5 mg</i>  | Tier 1           |   |
| DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION  | Tier 1           | PA, AL1 (Up to 64 yrs old), QLC (30 ml/day) |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|---|------------------|---|
| <i>hydroxyzine hcl syrup 10 mg/5ml</i>  | Tier 1           |   |
| <i>hydroxyzine hcl tab 10 mg</i>  | Tier 1           |   |
| <i>hydroxyzine hcl tab 25 mg</i>  | Tier 1           |   |
| <i>hydroxyzine hcl tab 50 mg</i>  | Tier 1           |   |
| HYDROXYZINE PAMOATE 100 MG CAP  | Tier 1           |   |
| <i>hydroxyzine pamoate cap 25 mg</i>  | Tier 1           |   |
| <i>hydroxyzine pamoate cap 50 mg</i>  | Tier 1           |   |
| <i>olopatadine hcl nasal soln 0.6%</i>  | Tier 1           | QLC (1 bottle/month)                        |
| PATANASE ( <i>olopatadine hcl (nasal)</i> ) 0.6 % SOLUTION                      | Tier 3           | QLC (1 bottle/month)                        |
| <i>promethazine hcl oral soln 6.25 mg/5ml</i>                                   | Tier 1           |   |
| RYCLORA ( <i>dexchlorpheniramine maleate</i> ) 2 MG/5ML SOLUTION                | Tier 1           | PA, AL1 (Up to 64 yrs old), QLC (30 ml/day) |
| RYVENT ( <i>carbinoxamine maleate</i> ) 6 MG TAB                                | Tier 1           | PA, QLC (4 tabs/day)                        |
| VISTARIL ( <i>hydroxyzine pamoate</i> ) 25 MG CAP, 50 MG CAP                    | Tier 3           |   |
| <b>ANTILEUKOTRIENES (Drugs for Asthma)</b>                                      |                  |   |
| ACCOLATE ( <i>zafirlukast</i> ) 10 MG TAB, 20 MG TAB                            | Tier 3           |   |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>                            | Tier 1           | QLC (1 tab/day)                             |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>                            | Tier 1           | QLC (1 tab/day)                             |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i>                | Tier 1           | QLC (1 pack/day)                            |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                                | Tier 1           | QLC (1 tab/day)                             |
| SINGULAIR ( <i>montelukast sodium</i> ) 4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB | Tier 3           | QLC (1 tab/day)                             |
| SINGULAIR ( <i>montelukast sodium</i> ) 4 MG PACKET                             | Tier 3           | QLC (1 pack/day)                            |
| <i>zafirlukast tab 10 mg</i>  | Tier 1           |   |
| <i>zafirlukast tab 20 mg</i>  | Tier 1           |   |
| <i>zileuton tab er 12hr 600 mg</i> (ZILEUTON ER)                                | Tier 1           | PA  |

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Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

|                                      |        |    |
|--------------------------------------|--------|----|
| ZYFLO ( <i>zileuton</i> ) 600 MG TAB | Tier 3 | PA |
|--------------------------------------|--------|----|

### BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

|  |        |                           |
|--|--------|---------------------------|
| ATROVENT HFA ( <i>ipratropium bromide hfa</i> ) 17 MCG/ACT AERO SOLN                                     | Tier 2 | QLC (2 inhalers/month)    |
| INCRUSE ELLIPTA ( <i>umeclidinium bromide</i> ) 62.5 MCG/ACT AER POW BA                                  | Tier 2 | QLC (1 inhaler/month)     |
| <i>ipratropium bromide inhal soln 0.02%</i>  | Tier 1 | QLC (120 doses/month)     |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>   | Tier 1 | QLC (1 bottle/month)      |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>   | Tier 1 | QLC (3 bottles/month)     |
| LONHALA MAGNAIR REFILL KIT ( <i>glycopyrrolate (inhalation)</i> ) 25 MCG/ML SOLUTION                     | Tier 4 | PA, QLC (2 vials/day)     |
| LONHALA MAGNAIR STARTER KIT ( <i>glycopyrrolate (inhalation)</i> ) 25 MCG/ML SOLUTION                    | Tier 4 | PA, QLC (2 vials/day)     |
| SPIRIVA HANDIHALER ( <i>tiotropium bromide monohydrate</i> ) 18 MCG CAP                                  | Tier 2 | QLC (30 caps/month)       |
| SPIRIVA RESPIMAT ( <i>tiotropium bromide monohydrate</i> ) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN | Tier 2 | QLC (1 inhaler/month)     |
| <i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>                                      | Tier 3 | PA, QLC (30 caps/month)   |
| TUDORZA PRESSAIR ( <i>aclidinium bromide</i> ) 400 MCG/ACT AER POW BA                                    | Tier 3 | ST, QLC (1 inhaler/month) |
| YUPELRI ( <i>revefenacin</i> ) 175 MCG/3ML SOLUTION  | Tier 4 | PA, QLC (3 ml/day)        |

### BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

|  |        |                               |
|--|--------|-------------------------------|
| <i>albuterol hfa (generic proair hfa)</i>    | Tier 1 | QLC (2 inhalers/month)        |
| <i>albuterol hfa (generic proventil hfa)</i> | Tier 1 | QLC (2 inhalers/month)        |
| <i>albuterol hfa (generic ventolin hfa)</i>  | Tier 1 | QLC (2 inhalers/month)        |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN   | Tier 1 | QLC (4 bottles/month)         |
| ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN     | Tier 1 | QLC (5 boxes (150 ml)/ month) |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>              |
|--|------------------|--|
| ALBUTEROL SULFATE ER ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H  | Tier 1           |  |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)                                       | Tier 1           | QLC (2 inhalers/month)                               |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>   | Tier 1           | QLC (375 ml/month)                                   |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>  | Tier 1           | QLC (4 bottles/month)                                |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>  | Tier 1           | QLC (5 boxes (375 ml)/month)                         |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>  | Tier 1           | QLC (5 boxes (375 ml)/month)                         |
| <i>albuterol sulfate syrup 2 mg/5ml</i>  | Tier 1           |  |
| <i>albuterol sulfate tab 2 mg</i>  | Tier 1           |  |
| <i>albuterol sulfate tab 4 mg</i>  | Tier 1           |  |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>   | Tier 1           | QLC (120 ml/month)                                   |
| AUVI-Q ( <i>epinephrine (anaphylaxis)</i> ) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ | Tier 4           | PA, QLC (4 injections/30 days; max 6 fills per year) |
| BROVANA ( <i>arformoterol tartrate</i> ) 15 MCG/2ML NEBU SOLN  | Tier 3           | QLC (120 ml/month)                                   |
| EPINEPHRINE ( <i>epinephrine (anaphylaxis)</i> ) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ                                | Tier 1           | QLC (4 injections/30 days; max 6 fills per year)     |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>   | Tier 1           | QLC (4 injections/30 days; max 6 fills per year)     |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>  | Tier 1           | QLC (4 injections/30 days; max 6 fills per year)     |
| EPIPEN 2-PAK ( <i>epinephrine (anaphylaxis)</i> ) -PK 0.3 MG/0.3ML SOLN -INJ   | Tier 2           | QLC (4 injections/30 days; max 6 fills per year)     |
| EPIPEN JR 2-PAK ( <i>epinephrine (anaphylaxis)</i> ) -PK 0.15 MG/0.3ML SOLN -INJ   | Tier 2           | QLC (4 injections/30 days; max 6 fills per year)     |
| <i>formoterol fumarate soln nebu 20 mcg/2ml</i>  | Tier 1           | QLC (120 ml/month)                                   |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>   | Tier 1           | QLC (90 nebs/month)                                  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                             |
|--|------------------|---|
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>                                     | Tier 1           | QLC (90 nebs/month)   |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>                                     | Tier 1           | QLC (90 nebs/month)   |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>                              | Tier 1           | QLC (90 vials/month)  |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL   | Tier 1           | QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order) |
| NEFFY ( <i>epinephrine (anaphylaxis)</i> ) 2 MG/0.1ML SOLUTION                                 | Tier 3           | PA, QLC (4 sprayers/30 days; max 6 fills/year)                      |
| PERFOROMIST ( <i>formoterol fumarate</i> ) 20 MCG/2ML NEBU SOLN                                | Tier 3           | QLC (120 ml/month)  |
| PROAIR DIGIHALER ( <i>albuterol sulfate with sensor</i> ) 108 (90 BASE) MCG/ACT AER POW BA     | Tier 3           | PA, QLC (2 inhalers/month)  |
| PROAIR HFA ( <i>albuterol sulfate</i> ) 108 (90 BASE) MCG/ACT AERO SOLN                        | Tier 3           | QLC (2 inhalers/month)  |
| PROAIR RESPICLICK ( <i>albuterol sulfate</i> ) 108 (90 BASE) MCG/ACT AER POW BA                | Tier 3           | ST, QLC (2 inhalers/month)  |
| PROVENTIL HFA ( <i>albuterol sulfate</i> ) 108 (90 BASE) MCG/ACT AERO SOLN                     | Tier 3           | QLC (2 inhalers/month)  |
| SEREVENT DISKUS ( <i>salmeterol xinafoate</i> ) 50 MCG/ACT AER POW BA                          | Tier 2           | QLC (1 inhaler/month)   |
| STRIVERDI RESPIMAT ( <i>olodaterol hcl</i> ) 2.5 MCG/ACT AERO SOLN                             | Tier 2           | QLC (1 inhaler/month)   |
| SYMJEPI ( <i>epinephrine (anaphylaxis)</i> ) 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR | Tier 3           | PA, QLC (4 injections/30 days; max 6 fills per year)                |
| <i>terbutaline sulfate tab 2.5 mg</i>  | Tier 1           |   |
| <i>terbutaline sulfate tab 5 mg</i>  | Tier 1           |   |
| VENTOLIN HFA ( <i>albuterol sulfate</i> ) 108 (90 BASE) MCG/ACT AERO SOLN                      | Tier 3           | QLC (2 inhalers/month)  |
| XOPENEX HFA ( <i>levalbuterol tartrate</i> ) 45 MCG/ACT AEROSOL                                | Tier 3           | QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order) |
| <b>CYSTIC FIBROSIS AGENTS</b>  |                  |   |
| ALYFTREK ( <i>vanzacaftor-tezacaftor-deutivacaftor</i> ) 10-50-125 MG TAB                      | Tier 4           | PA, S (Specialty Drug), QLC (56 tabs/28 days)                       |
| ALYFTREK ( <i>vanzacaftor-tezacaftor-deutivacaftor</i> ) 4-20-50 MG TAB                        | Tier 4           | PA, S (Specialty Drug), QLC (84 tabs/28 days)                       |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                   |
|--|------------------|---|
| BETHKIS ( <i>tobramycin</i> ) 300 MG/4ML NEBU SOLN   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 box (224 ml)/2 months) |
| BRONCHITOL ( <i>mannitol (cystic fibrosis)</i> ) 40 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (20 caps/day)             |
| KALYDECO ( <i>ivacaftor</i> ) 150 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)              |
| KALYDECO ( <i>ivacaftor</i> ) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET                                  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 packets/day)           |
| KALYDECO ( <i>ivacaftor</i> ) 50 MG PACKET, 75 MG PACKET   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 packs/day)             |
| KITABIS PAK ( <i>tobramycin</i> ) 300 MG/5ML NEBU SOLN   | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 box/2 months)          |
| ORKAMBI ( <i>lumacaftor-ivacaftor</i> ) 100-125 MG PACKET, 150-188 MG PACKET                               | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 packs/day)             |
| ORKAMBI ( <i>lumacaftor-ivacaftor</i> ) 100-125 MG TAB, 200-125 MG TAB                                     | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day)              |
| ORKAMBI ( <i>lumacaftor-ivacaftor</i> ) 75-94 MG PACKET  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 packets/day)           |
| PULMOZYME ( <i>dornase alfa</i> ) 2.5 MG/2.5ML SOLUTION  | Tier 4           | S (Specialty Drug), QLC (5 ml/day)                        |
| SYMDEKO ( <i>tezacaftor-ivacaftor</i> ) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)              |
| TOBI ( <i>tobramycin</i> ) 300 MG/5ML NEBU SOLN  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 box/2 months)          |
| TOBI PODHALER ( <i>tobramycin</i> ) 28 MG CAP  | Tier 4           | PA, LA, S (Specialty Drug), QLC (224 caps/2 months)       |
| <i>tobramycin nebu soln 300 mg/4ml</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)     |
| <i>tobramycin nebu soln 300 mg/5ml</i>   | Tier 4           | PA, S (Specialty Drug), QLC (1 box/2 months)              |
| TRIKAFTA ( <i>elixacaftor-tezacaftor-ivacaftor</i> ) 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK  | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day)              |
| TRIKAFTA ( <i>elixacaftor-tezacaftor-ivacaftor</i> ) 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 packs/day)             |
| <b>MAST CELL STABILIZERS (Drugs to Block Mast Cells)</b>   |                  |   |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>   | Tier 1           | QLC (2 boxes/month)                                       |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

### PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

|  |        |   |
|--|--------|---|
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>  | Tier 1 |   |
| DALIRESP ( <i>roflumilast</i> ) 250 MCG TAB  | Tier 3 | PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| DALIRESP ( <i>roflumilast</i> ) 500 MCG TAB  | Tier 3 | PA, QLC (1 tab/day)   |
| OHTUVAYRE ( <i>ensifentrine</i> ) 3 MG/2.5ML SUSPENSION  | Tier 4 | PA, LA, S (Specialty Drug), QLC (2 ampules (5 ml)/day)      |
| <i>roflumilast tab 250 mcg</i>   | Tier 1 | PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| <i>roflumilast tab 500 mcg</i>   | Tier 1 | PA, QLC (1 tab/day)   |
| THEO-24 ( <i>theophylline</i> ) -24 100 MG CAP ER 24H, -24 200 MG CAP ER 24H, -24 300 MG CAP ER 24H, -24 400 MG CAP ER 24H | Tier 2 |   |
| <i>theophylline elixir 80 mg/15ml</i>  | Tier 1 |   |
| theophylline elixir 80 mg/15ml (Elixophyllin)  | Tier 1 |   |
| THEOPHYLLINE ER ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H   | Tier 1 |   |
| <i>theophylline soln 80 mg/15ml</i>  | Tier 1 |   |
| <i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)   | Tier 1 |   |
| <i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)   | Tier 1 |   |
| <i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)   | Tier 1 |   |
| <i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)   | Tier 1 |   |

### PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

|   |        |  |
|---|--------|--|
| ADCIRCA ( <i>tadalafil (pulmonary hypertension)</i> ) 20 MG TAB                     | Tier 4 | PA, S (Specialty Drug), QLC (2 tabs/day)     |
| ADEMPAS ( <i>riociguat</i> ) 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB | Tier 4 | PA, LA, S (Specialty Drug), QLC (3 tabs/day) |
| <i>ambrisentan tab 10 mg</i>  | Tier 4 | PA, S (Specialty Drug), QLC (1 tab/day)      |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>            |
|--|------------------|--|
| <i>ambrisentan tab 5 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (1 tab/day)            |
| <i>bosentan tab 125 mg</i>   | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)           |
| <i>bosentan tab 62.5 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)           |
| LETAIRIS ( <i>ambrisentan</i> ) 5 MG TAB, 10 MG TAB                                | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)        |
| LIQREV ( <i>sildenafil citrate (pulmonary hypertension)</i> ) 10 MG/ML SUSPENSION  | Tier 4           | PA, S (Specialty Drug), QLC (6 ml/day)             |
| OPSUMIT ( <i>macitentan</i> ) 10 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)        |
| OPSYNVI ( <i>macitentan-tadalafil</i> ) 10-20 MG TAB, 10-40 MG TAB                 | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 tab/day)        |
| ORENITRAM ( <i>treprostinil diolamine</i> ) 0.125 MG TAB ER, 0.25 MG TAB ER        | Tier 4           | PA, LA, S (Specialty Drug), QLC (9 tabs/day)       |
| ORENITRAM ( <i>treprostinil diolamine</i> ) 1 MG TAB ER                            | Tier 4           | PA, LA, S (Specialty Drug), QLC (42 tabs/day)      |
| ORENITRAM ( <i>treprostinil diolamine</i> ) 2.5 MG TAB ER                          | Tier 4           | PA, LA, S (Specialty Drug), QLC (16 tabs/day)      |
| ORENITRAM ( <i>treprostinil diolamine</i> ) 5 MG TAB ER                            | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 tabs/day)       |
| ORENITRAM MONTH 1 ( <i>treprostinil diolamine</i> ) 0.25 & 0.25 MG TBER THPK       | Tier 4           | PA, LA, S (Specialty Drug), QLC (168 tabs/28 days) |
| ORENITRAM MONTH 2 ( <i>treprostinil diolamine</i> ) 0.15 & 0.5 MG TBER THPK        | Tier 4           | PA, LA, S (Specialty Drug), QLC (336 tabs/28 days) |
| ORENITRAM MONTH 3 ( <i>treprostinil diolamine</i> ) 0.125 & 0.25 & 1 MG TBER THPK  | Tier 4           | PA, LA, S (Specialty Drug), QLC (252 tabs/28 days) |
| REVATIO ( <i>sildenafil citrate (pulmonary hypertension)</i> ) 10 MG/ML RECON SUSP | Tier 4           | PA, S (Specialty Drug), QLC (12 ml/day)            |
| REVATIO ( <i>sildenafil citrate (pulmonary hypertension)</i> ) 20 MG TAB           | Tier 4           | PA, S (Specialty Drug), QLC (12 tabs/day)          |
| <i>sildenafil citrate for suspension 10 mg/ml</i>                                  | Tier 4           | PA, S (Specialty Drug), QLC (12 ml/day)            |
| <i>sildenafil citrate tab 20 mg</i>  | Tier 4           | PA, S (Specialty Drug), QLC (12 tabs/day)          |
| tadalafil tab 20 mg (pah) (Alyq)   | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)           |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|---|------------------|--|
| <i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))  | Tier 4           | PA, S (Specialty Drug), QLC (2 tabs/day)   |
| TADLIQ ( <i>tadalafil (pulmonary hypertension)</i> ) 20 MG/5ML SUSPENSION   | Tier 4           | PA, S (Specialty Drug), QLC (10 ml/day)  |
| TRACLEER ( <i>bosentan</i> ) 32 MG TAB SOL  | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 tabs/day)   |
| TRACLEER ( <i>bosentan</i> ) 62.5 MG TAB, 125 MG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)   |
| TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> ) 112 X 32MCG & 112 X 48MCG POWDER   | Tier 4           | PA, LA, S (Specialty Drug), QLC (8 cartridges/day)   |
| TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> ) KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER | Tier 4           | PA, LA, S (Specialty Drug), QLC (4 cartridges/day)   |
| TYVASO DPI TITRATION KIT ( <i>treprostinil</i> ) 112 X 16MCG & 84 X 32MCG POWDER  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 kit/6 months)   |
| TYVASO DPI TITRATION KIT ( <i>treprostinil</i> ) 16 & 32 & 48 MCG POWDER  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 kit (252 units)/6 months)                                   |
| UPTRAVI ( <i>selexipag</i> ) 200 & 800 MCG TAB THPK   | Tier 4           | PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)  |
| UPTRAVI ( <i>selexipag</i> ) 200 MCG TAB  | Tier 4           | PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months) |
| UPTRAVI ( <i>selexipag</i> ) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB    | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day)   |
| WINREVAIR ( <i>sotatercept-csrk</i> ) 2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT                                      | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 kit/21 days)  |
| <b>PULMONARY FIBROSIS AGENTS</b>  |                  |  |
| ESBRIET ( <i>pirfenidone</i> ) 267 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (9 caps/day)   |
| ESBRIET ( <i>pirfenidone</i> ) 267 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (9 tabs/day)   |
| ESBRIET ( <i>pirfenidone</i> ) 801 MG TAB   | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 tabs/day)   |
| OFEV ( <i>nintedanib esylate</i> ) 100 MG CAP, 150 MG CAP   | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 caps/day)   |

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| <b>PRESCRIPTION DRUG NAME</b> | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|-------------------------------|------------------|--|
| PIRFENIDONE 534 MG TAB        | Tier 4           | PA, S (Specialty Drug), QLC (3 tabs/day) |
| <i>pirfenidone cap 267 mg</i> | Tier 4           | PA, S (Specialty Drug), QLC (9 caps/day) |
| <i>pirfenidone tab 267 mg</i> | Tier 4           | PA, S (Specialty Drug), QLC (9 tabs/day) |
| <i>pirfenidone tab 801 mg</i> | Tier 4           | PA, S (Specialty Drug), QLC (3 tabs/day) |

### **RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)**

|  |        |                              |
|--|--------|------------------------------|
| <i>acetylcysteine inhal soln 10%</i>   | Tier 1 |                              |
| <i>acetylcysteine inhal soln 20%</i>   | Tier 1 |                              |
| ADVAIR DISKUS ( <i>fluticasone-salmeterol</i> )<br>100-50 MCG/ACT AER POW BA, 250-50<br>MCG/ACT AER POW BA, 500-50<br>MCG/ACT AER POW BA               | Tier 3 | QLC (1 inhaler/month)        |
| ADVAIR HFA ( <i>fluticasone-salmeterol</i> )<br>45-21 MCG/ACT AEROSOL, 115-21<br>MCG/ACT AEROSOL, 230-21 MCG/ACT<br>AEROSOL                            | Tier 2 | QLC (1 inhaler/month)        |
| AIRDUO DIGIHALER ( <i>fluticasone-salmeterol with sensor</i> ) 55-14 MCG/ACT<br>AER POW BA, 113-14 MCG/ACT AER<br>POW BA, 232-14 MCG/ACT AER POW<br>BA | Tier 3 | PA, QLC (1 inhaler/month)    |
| AIRDUO RESPICLICK 113/14 ( <i>fluticasone-salmeterol</i> ) /-MCG/ACT AER POW BA  | Tier 3 | QLC (1 inhaler/month)        |
| AIRDUO RESPICLICK 232/14<br>( <i>fluticasone-salmeterol</i> ) /-MCG/ACT<br>AER POW BA  | Tier 3 | QLC (1 inhaler/month)        |
| AIRDUO RESPICLICK 55/14 ( <i>fluticasone-salmeterol</i> ) /-MCG/ACT AER POW BA   | Tier 3 | QLC (1 inhaler/month)        |
| AIRSUPRA ( <i>albuterol-budesonide</i> ) 90-<br>80 MCG/ACT AEROSOL   | Tier 3 | PA, QLC (3 inhalers/30 days) |
| ANORO ELLIPTA ( <i>umeclidinium-vilanterol</i> ) 62.5-25 MCG/ACT AER POW<br>BA   | Tier 2 | QLC (1 inhaler/month)        |
| <i>azelastine hcl-fluticasone prop nasal<br/>spray 137-50 mcg/act</i> (AZELASTINE-<br>FLUTICASONE)   | Tier 1 | QLC (1 bottle/month)         |
| BENZONATATE 150 MG CAP   | Tier 1 |                              |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|---|------------------|---|
| <i>benzonatate cap 100 mg</i>   | Tier 1           |   |
| <i>benzonatate cap 150 mg</i>   | Tier 1           |   |
| <i>benzonatate cap 200 mg</i>   | Tier 1           |   |
| BEVESPI AEROSPHERE<br>( <i>glycopyrrolate-formoterol fumarate</i> ) 9-4.8 MCG/ACT AEROSOL   | Tier 3           | ST, QLC (1 inhaler/month)                   |
| BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> ) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA                           | Tier 2           | QLC (1 inhaler/month)                       |
| BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> ) 50-25 MCG/INH AER POW BA   | Tier 2           | QLC (1 inhaler (60 blisters)/30 days)       |
| BREZTRI AEROSPHERE ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> ) 160-9-4.8 MCG/ACT AEROSOL                                 | Tier 3           | PA, QLC (1 inhaler/30 days)                 |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>   | Tier 1           | QLC (1 inhaler/month)                       |
| budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)   | Tier 1           | QLC (1 inhaler/month)                       |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  | Tier 1           | QLC (1 inhaler/month)                       |
| budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)  | Tier 1           | QLC (1 inhaler/month)                       |
| CLARINEX-D 12 HOUR ( <i>desloratadine-pseudoephedrine</i> ) -2.5-0 MG TAB ER H  | Tier 3           | ST  |
| COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> ) 20-100 MCG/ACT AEROSOLN   | Tier 2           | QLC (1 inhaler/month)                       |
| DUAKLIR PRESSAIR ( <i>aclidinium bromide-formoterol fumarate</i> ) 400-12 MCG/ACT AER POW BA  | Tier 3           | ST, QLC (1 inhaler/30 days)                 |
| DULERA ( <i>mometasone furoate-formoterol fumarate dihydrate</i> ) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL | Tier 3           | PA, QLC (1 inhaler/month)                   |
| DYMISTA ( <i>azelastine hcl-fluticasone propionate</i> ) 137-50 MCG/ACT SUSPENSION  | Tier 3           | QLC (1 bottle/month)                        |
| FASENRA PEN ( <i>benralizumab</i> ) 30 MG/ML SOLN -INJ  | Tier 4           | PA, S (Specialty Drug), QLC (1 pen/56 days) |
| <i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>  | Tier 1           | QLC (2 bottles/month)                       |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                               |
|--|------------------|---|
| FLUTICASONE FUROATE-VILANTEROL -100-25 MCG/ACT AER POW BA, -200-25 MCG/ACT AER POW BA                          | Tier 3           | PA, QLC (1 inhaler/month)   |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>  | Tier 1           | QLC (1 bottle/month)  |
| FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL                | Tier 3           | PA, QLC (1 inhaler/month)   |
| FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA       | Tier 1           | QLC (1 inhaler/month)   |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>   | Tier 1           | QLC (1 inhaler/month)   |
| fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)   | Tier 1           | QLC (1 inhaler/month)   |
| fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub) -2-   | Tier 1           | QLC (1 inhaler/month)   |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-</i>   | Tier 1           | QLC (1 inhaler/month)   |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>   | Tier 1           | QLC (1 inhaler/month)   |
| fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)   | Tier 1           | QLC (1 inhaler/month)   |
| HYCODAN ( <i>hydrocodone bitartrate-homatropine methylbromide</i> ) 5-1.5 MG/5ML SOLUTION                      | Tier 3           | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)  |
| HYCODAN ( <i>hydrocodone w/homatropine</i> ) 5-1.5 MG TAB  | Tier 3           | AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month) |
| HYDROCOD POLI-CHLORPHE POLI ER ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> ) -10-8 MG/5ML SUSP | Tier 1           | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)  |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI ER)                     | Tier 1           | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)  |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) --1.mg/ml    | Tier 1           | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)  |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                               |
|---|------------------|---|
| hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) --1.mg/ml                            | Tier 1           | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)  |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)             | Tier 1           | AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month) |
| HYPERSAL ( <i>sodium chloride (inhalant)</i> ) 3.5 % NEBU SOLN, 7 % NEBU SOLN                               | Tier 3           |   |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>  | Tier 1           | QLC (6 boxes [30 doses/box]/month)                                    |
| NEBUSAL ( <i>sodium chloride (inhalant)</i> ) 6 % SOLN  | Tier 3           |   |
| NUCALA ( <i>mepolizumab</i> ) 100 MG/ML SOLN PRSYR  | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 syringes/28 days)                  |
| NUCALA ( <i>mepolizumab</i> ) 40 MG/0.4ML SOLN PRSYR  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)                   |
| NUCALA ( <i>mepolizumab</i> ) NUCL100 MG/ML SOLN -INJ   | Tier 4           | PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days)            |
| OMNARIS ( <i>ciclesonide (nasal)</i> ) 50 MCG/ACT SUSPENSION  | Tier 3           | ST, QLC (1 bottle/month)  |
| <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) -mg/ml             | Tier 1           |   |
| PROMETHAZINE VC ( <i>promethazine &amp; phenylephrine</i> ) 6.25-5 MG/5ML SYRUP                             | Tier 1           |   |
| PROMETHAZINE VC/CODEINE ( <i>promethazine-phenylephrine-codeine</i> ) 6.25-5-10 MG/5ML SYRUP                | Tier 1           | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)  |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)                                  | Tier 1           | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)  |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>   | Tier 1           |   |
| PROMETHAZINE-PHENYLEPHRINE ( <i>promethazine &amp; phenylephrine</i> ) -6.25-5 MG/5ML SYRUP                 | Tier 1           |   |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ----mg/ml | Tier 1           | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)  |
| pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)   | Tier 1           |   |

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| <b>PRESCRIPTION DRUG NAME</b>   | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>                                   |
|---|------------------|---|
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMPHEN-PSEUDOEPH-DM)   | Tier 1           |   |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)   | Tier 1           |   |
| RYALTRIS ( <i>olopatadine hcl-mometasone furoate</i> ) 665-25 MCG/ACT SUSPENSION  | Tier 3           | ST, QLC (29 gm/30 days)   |
| <i>sodium chloride soln nebu 0.9%</i>   | Tier 1           |   |
| <i>sodium chloride soln nebu 10%</i>  | Tier 1           |   |
| <i>sodium chloride soln nebu 3%</i>   | Tier 1           |   |
| sodium chloride soln nebu 3% (Nebusal)  | Tier 1           |   |
| <i>sodium chloride soln nebu 7%</i>   | Tier 1           |   |
| sodium chloride soln nebu 7% (Pulmosal)   | Tier 1           |   |
| STIOLTO RESPIMAT ( <i>tiotropium bromide-olodaterol hcl</i> ) 2.5-2.5 MCG/ACT AERO SOLN                                       | Tier 3           | ST, QLC (1 inhaler/month)   |
| SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> ) 160-4.5 MCG/ACT AEROSOL   | Tier 3           | QLC (1 inhaler/month)   |
| SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> ) 80-4.5 MCG/ACT AEROSOL  | Tier 3           | QLC (1 inhaler/month)   |
| TESSALON PERLES ( <i>benzonatate</i> ) 100 MG CAP   | Tier 3           |   |
| TEZSPIRE ( <i>tezepelumab-ekko</i> ) 210 MG/1.91ML SOLN -INJ  | Tier 4           | PA, LA, S (Specialty Drug), QLC (1 pen/28 days)                           |
| TRELEGY ELLIPTA ( <i>fluticasone-umeclidinium-vilanterol</i> ) 100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA | Tier 2           | QLC (60 blister packs/30 days)  |
| TUSSICAPS ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> ) TUSSIS 10-8 MG ER 12H                                 | Tier 3           | PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month) |
| TUXARIN ER ( <i>chlorpheniramine w/codeine</i> ) 54.3-8 MG TAB 12H  | Tier 3           | AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)          |
| TUZISTRA XR ( <i>codeine polistirex-chlorpheniramine polistirex</i> ) 14.7-2.8 MG/5ML SUSP                                    | Tier 3           | AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)      |

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Therapy

| PRESCRIPTION DRUG NAME   | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS   |
|--|-----------|------------------------------------|
| UTIBRON NEOHALER ( <i>indacaterol maleate-glycopyrrolate</i> ) 27.5-15.6 MCG CAP | Tier 3    | ST, QLC (1 inhaler[60 caps]/month) |
| ZETONNA ( <i>ciclesonide (nasal)</i> ) 37 MCG/ACT AERO SOLN                      | Tier 3    | ST, QLC (1 bottle/month)           |

### SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

|   |        |  |
|---|--------|--|
| AMRIX ( <i>cyclobenzaprine hcl</i> ) 15 MG CAP ER 24H, 30 MG CAP ER 24H | Tier 3 | ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)  |
| <i>carisoprodol tab 250 mg</i>  | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day)     |
| <i>carisoprodol tab 350 mg</i>  | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day)     |
| carisoprodol tab 350 mg (Vanadom)                                       | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day)     |
| <i>chlorzoxazone tab 250 mg</i>   | Tier 1 | PA, QLC (4 tabs/day)                         |
| <i>chlorzoxazone tab 375 mg</i>   | Tier 1 | PA, QLC (4 tabs/day)                         |
| chlorzoxazone tab 375 mg (Lorzone)                                      | Tier 3 | PA, QLC (4 tabs/day)                         |
| <i>chlorzoxazone tab 500 mg</i>   | Tier 1 | PA, QLC (4 tabs/day)                         |
| <i>chlorzoxazone tab 750 mg</i>   | Tier 1 | PA, QLC (4 tabs/day)                         |
| chlorzoxazone tab 750 mg (Lorzone)                                      | Tier 3 | PA, QLC (4 tabs/day)                         |
| <i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (CYCLOBENZAPRINE HCL ER)   | Tier 1 | ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)  |
| <i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (CYCLOBENZAPRINE HCL ER)   | Tier 1 | ST, AL1 (Up to 64 yrs old), QLC (1 CAP/DAY)  |
| <i>cyclobenzaprine hcl tab 10 mg</i>                                    | Tier 1 | AL1 (Up to 64 yrs old)                       |
| <i>cyclobenzaprine hcl tab 5 mg</i>                                     | Tier 1 | AL1 (Up to 64 yrs old)                       |
| <i>cyclobenzaprine hcl tab 7.5 mg</i>                                   | Tier 1 | ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day) |
| cyclobenzaprine hcl tab 7.5 mg (Fexmid)                                 | Tier 1 | ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day) |
| <i>metaxalone tab 400 mg</i>  | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day)     |
| <i>metaxalone tab 800 mg</i>  | Tier 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day)     |
| METHOCARBAMOL 1000 MG TAB   | Tier 1 | PA, QLC (4 tabs/day)                         |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>  |
|--|------------------|--|
| <i>methocarbamol tab 500 mg</i>  | Tier 1           | AL1 (Up to 64 yrs old)                   |
| <i>methocarbamol tab 750 mg</i>  | Tier 1           | AL1 (Up to 64 yrs old)                   |
| NORGESIC FORTE ( <i>orphenadrine w/ aspirin &amp; caff</i> ) 50-770-60 MG TAB                  | Tier 3           | PA, QLC (4 tabs/day)                     |
| <i>orphenadrine citrate tab er 12hr 100 mg</i> (ORPHENADRINE CITRATE ER)                       | Tier 1           | AL1 (Up to 64 yrs old)                   |
| orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Norgesic)                                 | Tier 1           | PA, QLC (8 tabs/day)                     |
| <i>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</i> (ORPHENADRINE-ASPIRIN-CAFFEINE) | Tier 1           | PA, QLC (8 tabs/day)                     |
| <i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i> (ORPHENADRINE-ASA-CAFFEINE)     | Tier 1           | PA, QLC (4 tabs/day)                     |
| orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphengesic Forte)                        | Tier 1           | PA, QLC (4 tabs/day)                     |
| ROBAXIN-750 ( <i>methocarbamol</i> ) -MG TAB   | Tier 3           | AL1 (Up to 64 yrs old)                   |
| SKELAXIN ( <i>metaxalone</i> ) 800 MG TAB  | Tier 3           | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| SOMA ( <i>carisoprodol</i> ) 250 MG TAB, 350 MG TAB  | Tier 3           | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| TANLOR ( <i>methocarbamol</i> ) 1000 MG TAB  | Tier 1           | PA, QLC (4 tabs/day)                     |

## **SLEEP DISORDER AGENTS (Drugs for Sleep Problems)**

### **SLEEP PROMOTING AGENTS (Drugs for Insomnia)**

|  |        |  |
|--|--------|--|
| AMBIEN ( <i>zolpidem tartrate</i> ) 10 MG TAB                            | Tier 3 | AL1 (Up to 64 yrs old), QLC (1 tab/day)  |
| AMBIEN ( <i>zolpidem tartrate</i> ) 5 MG TAB                             | Tier 3 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| AMBIEN CR ( <i>zolpidem tartrate</i> ) 12.5 MG TAB ER                    | Tier 3 | AL1 (Up to 64 yrs old), QLC (1 tab/day)  |
| AMBIEN CR ( <i>zolpidem tartrate</i> ) 6.25 MG TAB ER                    | Tier 3 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| BELSOMRA ( <i>suvorexant</i> ) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB | Tier 3 | ST, QLC (1 tab/day)                      |
| DAYVIGO ( <i>lemborexant</i> ) 5 MG TAB, 10 MG TAB                       | Tier 3 | ST, QLC (1 tab/day)                      |

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Therapy

| <b>PRESCRIPTION DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>     |
|---|------------------|---|
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>              | Tier 1           | ST, QLC (1 tab/day)                         |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>              | Tier 1           | ST, QLC (1 tab/day)                         |
| EDLUAR ( <i>zolpidem tartrate</i> ) 5 MG SL TAB, 10 MG SL TAB | Tier 3           | PA, AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| <i>estazolam tab 1 mg</i>                                     | Tier 1           | QLC (2 tabs/day)                            |
| <i>estazolam tab 2 mg</i>                                     | Tier 1           | QLC (1 tab/day)                             |
| <i>eszopiclone tab 1 mg</i>                                   | Tier 1           | AL1 (Up to 64 yrs old), QLC (1 tab/day)     |
| <i>eszopiclone tab 2 mg</i>                                   | Tier 1           | AL1 (Up to 64 yrs old), QLC (1 tab/day)     |
| <i>eszopiclone tab 3 mg</i>                                   | Tier 1           | AL1 (Up to 64 yrs old), QLC (1 tab/day)     |
| FLURAZEPAM HCL 15 MG CAP                                      | Tier 1           | AL1 (Up to 64 yrs old), QLC (2 caps/day)    |
| FLURAZEPAM HCL 30 MG CAP                                      | Tier 1           | AL1 (Up to 64 yrs old), QLC (1 cap/day)     |
| HALCION ( <i>triazolam</i> ) 0.25 MG TAB                      | Tier 3           | QLC (2 tabs/day)                            |
| HETLIOZ ( <i>tasimelton</i> ) 20 MG CAP                       | Tier 4           | PA, LA, QLC (1 cap/day)                     |
| HETLIOZ LQ ( <i>tasimelton</i> ) 4 MG/ML SUSPENSION           | Tier 4           | PA, LA, QLC (5.27 ml/day)                   |
| LUNESTA ( <i>eszopiclone</i> ) 1 MG TAB, 2 MG TAB, 3 MG TAB   | Tier 3           | AL1 (Up to 64 yrs old), QLC (1 tab/day)     |
| QUVIVIQ ( <i>daridorexant hcl</i> ) 25 MG TAB, 50 MG TAB      | Tier 3           | ST, QLC (1 tab/day)                         |
| <i>ramelteon tab 8 mg</i>                                     | Tier 1           | ST, QLC (1 tab/day)                         |
| RESTORIL ( <i>temazepam</i> ) 15 MG CAP                       | Tier 3           | QLC (2 caps/day)                            |
| RESTORIL ( <i>temazepam</i> ) 22.5 MG CAP, 30 MG CAP          | Tier 3           | QLC (1 cap/day)                             |
| RESTORIL ( <i>temazepam</i> ) 7.5 MG CAP                      | Tier 3           | QLC (4 caps/day)                            |
| ROZEREM ( <i>ramelteon</i> ) 8 MG TAB                         | Tier 3           | ST, QLC (1 tab/day)                         |
| SILENOR ( <i>doxepin hcl (sleep)</i> ) 3 MG TAB, 6 MG TAB     | Tier 3           | ST, QLC (1 tab/day)                         |
| <i>tasimelton capsule 20 mg</i>                               | Tier 4           | PA, S (Specialty Drug), QLC (1 cap/day)     |
| <i>temazepam cap 15 mg</i>                                    | Tier 1           | QLC (2 caps/day)                            |
| <i>temazepam cap 22.5 mg</i>                                  | Tier 1           | QLC (1 cap/day)                             |

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| <b>PRESCRIPTION DRUG NAME</b>                                     | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>          |
|---|------------------|--|
| <i>temazepam cap 30 mg</i>  | Tier 1           | QLC (1 cap/day)                                  |
| <i>temazepam cap 7.5 mg</i>                                       | Tier 1           | QLC (4 caps/day)                                 |
| <i>triazolam tab 0.125 mg</i>                                     | Tier 1           | QLC (4 tabs/day)                                 |
| <i>triazolam tab 0.25 mg</i>                                      | Tier 1           | QLC (2 tabs/day)                                 |
| <i>zaleplon cap 10 mg</i>   | Tier 1           | AL1 (Up to 64 yrs old), QLC (2 caps/day)         |
| <i>zaleplon cap 5 mg</i>  | Tier 1           | AL1 (Up to 64 yrs old), QLC (4 caps/day)         |
| ZOLPIDEM TARTRATE 1.75 MG SL TAB, 3.5 MG SL TAB                   | Tier 1           | PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)      |
| ZOLPIDEM TARTRATE 7.5 MG CAP                                      | Tier 3           | AL1 (Up to 64 yrs old), QLC (1 cap/day)          |
| <i>zolpidem tartrate sl tab 1.75 mg</i>                           | Tier 1           | PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)      |
| <i>zolpidem tartrate sl tab 3.5 mg</i>                            | Tier 1           | PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)      |
| <i>zolpidem tartrate tab 10 mg</i>                                | Tier 1           | AL1 (Up to 64 yrs old), QLC (1 tab/day)          |
| <i>zolpidem tartrate tab 5 mg</i>                                 | Tier 1           | AL1 (Up to 64 yrs old), QLC (2 tabs/day)         |
| <i>zolpidem tartrate tab er 12.5 mg</i><br>(ZOLPIDEM TARTRATE ER) | Tier 1           | AL1 (Up to 64 yrs old), QLC (1 tab/day)          |
| <i>zolpidem tartrate tab er 6.25 mg</i><br>(ZOLPIDEM TARTRATE ER) | Tier 1           | AL1 (Up to 64 yrs old), QLC (2 tabs/day)         |
| ZOLPIMIST ( <i>zolpidem tartrate</i> ) 5 MG/ACT SOLUTION          | Tier 3           | PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month) |

### **WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)**

|   |        |   |
|---|--------|---|
| <i>armodafinil tab 150 mg</i>   | Tier 1 | PA, QLC (1 tab/day)                               |
| <i>armodafinil tab 200 mg</i>   | Tier 1 | PA, QLC (1 tab/day)                               |
| <i>armodafinil tab 250 mg</i>   | Tier 1 | PA, QLC (1 tab/day)                               |
| <i>armodafinil tab 50 mg</i>  | Tier 1 | PA, QLC (2 tabs/day)                              |
| LUMRYZ ( <i>sodium oxybate</i> ) 4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET | Tier 4 | PA, LA, S (Specialty Drug), QLC (1 packet/day)    |
| LUMRYZ STARTER PACK ( <i>sodium oxybate</i> ) 4.5 & 6 & 7.5 GM THER                     | Tier 4 | PA, S (Specialty Drug), QLC (56 packets/365 days) |
| <i>modafinil tab 100 mg</i>   | Tier 1 | QLC (3 tabs/day)                                  |

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| <b>PRESCRIPTION DRUG NAME</b>  | <b>DRUG TIER</b> | <b>COVERAGE REQUIREMENTS AND LIMITS</b>      |
|--|------------------|--|
| <i>modafinil tab 200 mg</i>  | Tier 1           | QLC (2 tabs/day)                             |
| NUVIGIL ( <i>armodafinil</i> ) 150 MG TAB, 200 MG TAB, 250 MG TAB                        | Tier 3           | PA, QLC (1 tab/day)                          |
| NUVIGIL ( <i>armodafinil</i> ) 50 MG TAB   | Tier 3           | PA, QLC (2 tabs/day)                         |
| PROVIGIL ( <i>modafinil</i> ) 100 MG TAB   | Tier 3           | QLC (3 tabs/day)                             |
| PROVIGIL ( <i>modafinil</i> ) 200 MG TAB   | Tier 3           | QLC (2 tabs/day)                             |
| SODIUM OXYBATE 500 MG/ML SOLUTION  | Tier 4           | PA, LA, QLC (3 bottles/month)                |
| SUNOSI ( <i>solriamfetol hcl</i> ) 75 MG TAB, 150 MG TAB                                 | Tier 3           | PA, QLC (1 tab/day)                          |
| WAKIX ( <i>pitolisant hcl</i> ) 4.45 MG TAB, 17.8 MG TAB                                 | Tier 4           | PA, LA, S (Specialty Drug), QLC (2 tabs/day) |
| XYREM ( <i>sodium oxybate</i> ) 500 MG/ML SOLUTION                                       | Tier 4           | PA, LA, QLC (3 bottles/month)                |
| XYWAV ( <i>calcium, magnesium, potassium, &amp; sodium oxybates</i> ) 500 MG/ML SOLUTION | Tier 4           | PA, LA, QLC (18 ml/day)                      |

## Uncategorized

### Unclassified

|   |        |                                 |
|---|--------|---------------------------------|
| PYZCHIVA ( <i>ustekinumab-ttwe</i> ) 45 MG/0.5ML SOLN PRSYR | Tier 4 | PA, LA, QLC (1 syringe/84 days) |
|---|--------|---------------------------------|

## WEIGHT LOSS AGENTS

|  |        |                          |
|--|--------|--------------------------|
| SAXENDA ( <i>liraglutide (weight management)</i> ) 18 MG/3ML SOLN PEN  | Tier 3 | PA, QLC (5 pens/month)   |
| WEGOVY ( <i>semaglutide (weight management)</i> ) 0.25 MG/0.5ML SOLN - INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ   | Tier 3 | PA, QLC (4 pens/month)   |
| WEGOVY ( <i>semaglutide (weight management)</i> ) 1 MG/0.5ML SOLN -INJ   | Tier 3 | PA, QLC (4 pens/28 days) |
| ZEPBOUND ( <i>tirzepatide (weight management)</i> ) 2.5 MG/0.5ML SOLN - INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN -INJ, 15 MG/0.5ML SOLN -INJ | Tier 3 | PA, QLC (4 pens/28 days) |

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| aripiprazole tab 10 mg.....                     | 90  | Atabex OB (prenatal vit w/ fe bisglycinate   |         |
| aripiprazole tab 15 mg.....                     | 90  | chelate-folic acid).....                     | 198     |
| aripiprazole tab 2 mg.....                      | 90  | Atacand (candesartan cilexetil).....         | 128     |
| aripiprazole tab 20 mg.....                     | 90  | Atacand HCT (candesartan cilexetil-          |         |
| aripiprazole tab 30 mg.....                     | 90  | hydrochlorothiazide).....                    | 144     |
| aripiprazole tab 5 mg.....                      | 90  | atazanavir sulfate cap 150 mg (base equiv).. | 101     |
| Arixtra (fondaparinux sodium).....              | 119 | atazanavir sulfate cap 200 mg (base equiv).. | 101     |
| armodafinil tab 150 mg.....                     | 322 | atazanavir sulfate cap 300 mg (base equiv).. | 101     |
| armodafinil tab 200 mg.....                     | 322 | Atelvia (risedronate sodium).....            | 284     |
| armodafinil tab 250 mg.....                     | 322 | atenolol & chlorthalidone tab 100-25 mg      |         |
| armodafinil tab 50 mg.....                      | 322 | (Atenolol-Chlorthalidone).....               | 144     |
| ArmonAir Digihaler (fluticasone propionate with |     | atenolol & chlorthalidone tab 50-25 mg       |         |
| sensor (inhalation)).....                       | 303 | (Atenolol-Chlorthalidone).....               | 144     |
| Armour Thyroid.....                             | 261 | atenolol tab 100 mg.....                     | 133     |
| Arnuity Ellipta (fluticasone furoate            |     | atenolol tab 25 mg.....                      | 133     |
| (inhalation)).....                              | 303 | atenolol tab 50 mg.....                      | 133     |
| Aromasin (exemestane).....                      | 70  | Ativan (lorazepam).....                      | 105,106 |
| Arthrotec (diclofenac w/ misoprostol).....      | 2   | atomoxetine hcl cap 10 mg (base equiv).....  | 165     |
| Asacol HD (mesalamine).....                     | 282 | atomoxetine hcl cap 100 mg (base equiv)....  | 165     |
| asenapine maleate sl tab 10 mg (base equiv).    | 90  | atomoxetine hcl cap 18 mg (base equiv).....  | 165     |
| asenapine maleate sl tab 2.5 mg (base equiv)    | 90  | atomoxetine hcl cap 25 mg (base equiv).....  | 165     |
| asenapine maleate sl tab 5 mg (base equiv)..    | 90  | atomoxetine hcl cap 40 mg (base equiv)....   | 165     |
| Asmanex (120 Metered Doses) (mometasone         |     | atomoxetine hcl cap 60 mg (base equiv)....   | 165     |
| furoate (inhalation)).....                      | 303 | atomoxetine hcl cap 80 mg (base equiv)....   | 165     |
| Asmanex (14 Metered Doses) (mometasone          |     | Atorvaliq (atorvastatin calcium).....        | 153     |
| furoate (inhalation)).....                      | 304 | atorvastatin calcium tab 10 mg (base         |         |
| Asmanex (30 Metered Doses) (mometasone          |     | equivalent).....                             | 153     |
| furoate (inhalation)).....                      | 304 | atorvastatin calcium tab 20 mg (base         |         |
| Asmanex (60 Metered Doses) (mometasone          |     | equivalent).....                             | 153     |
| furoate (inhalation)).....                      | 304 | atorvastatin calcium tab 40 mg (base         |         |
| Asmanex (7 Metered Doses) (mometasone           |     | equivalent).....                             | 154     |
| furoate (inhalation)).....                      | 304 | atorvastatin calcium tab 80 mg (base         |         |
| Asmanex HFA (mometasone furoate                 |     | equivalent).....                             | 154     |
| (inhalation)).....                              | 304 | atovaquone susp 750 mg/5ml.....              | 81      |
| aspirin-dipyridamole cap er 12hr 25-200 mg      |     | atovaquone-proguanil hcl tab 250-100 mg..    | 81      |
| (Aspirin-Dipyridamole ER).....                  | 125 | atovaquone-proguanil hcl tab 62.5-25 mg....  | 82      |
| Aspruzyo Sprinkle (ranolazine).....             | 143 | Atralin (tretinoin).....                     | 178     |

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| Atropine Sulfate (atropine sulfate (ophthalmic))                 | 293 | azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Azelastine-Fluticasone) | 314 |
| atropine sulfate ophth soln 1%                                   | 293 | Azelex (azelaic acid (acne))  | 178 |
| Atrovent HFA (ipratropium bromide hfa)                           | 307 | AzesChew Prenatal/Postnatal (prenatal without a vit w/ fe fumarate-folic acid)      | 198 |
| Attruby (acoramidis hcl)   | 144 | Azesco (prenatal vit w/ ferrous gluconate-folic acid)                               | 198 |
| Aubagio (teriflunomide)  | 174 | Azilect (rasagiline mesylate)   | 88  |
| Augmentin (amoxicillin & pot clavulanate)                        | 28  | Azithromycin  | 28  |
| Augmentin ES-600 (amoxicillin & pot clavulanate)                 | 28  | azithromycin for susp 100 mg/5ml  | 28  |
| Augtyro (repotrectinib)  | 69  | azithromycin for susp 200 mg/5ml  | 28  |
| Auryxia (ferric citrate)   | 210 | azithromycin tab 250 mg   | 28  |
| Austedo (deutetrabenazine)                                       | 171 | azithromycin tab 500 mg   | 28  |
| Austedo XR (deutetrabenazine)                                    | 171 | azithromycin tab 600 mg   | 28  |
| Austedo XR Patient Titration (deutetrabenazine)                  | 171 | Azopt (brinzolamide)  | 301 |
| Auvelity (dextromethorphan hydrobromide-bupropion hydrochloride) | 47  | Azor (amlodipine besylate-olmesartan medoxomil)                                     | 144 |
| Auvi-Q (epinephrine (anaphylaxis))                               | 308 | Azstarys (serdexmethylphenidate chloride-dexmethylphenidate hcl)                    | 162 |
| Avalide (irbesartan-hydrochlorothiazide)                         | 144 | Azulfidine (sulfasalazine)  | 282 |
| avanafil tab 100 mg  | 230 | Azulfidine EN-tabs (sulfasalazine)  | 282 |
| avanafil tab 200 mg  | 230 |   |     |
| avanafil tab 50 mg   | 230 | <b>B</b>  |     |
| Avapro (irbesartan)  | 128 | Bacitracin (bacitracin (ophthalmic))  | 296 |
| Avar LS Cleanser (sulfacetamide sodium w/ sulfur)                | 189 | bacitracin-polymyxin b ophth oint   | 293 |
| Avar-e LS (sulfacetamide sodium w/ sulfur)                       | 189 | bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)                                     | 293 |
| Avodart (dutasteride)  | 229 | bacitracin-polymyxin b ophth oint (Polycin)   | 293 |
| Avonex Pen (interferon beta-1a)                                  | 175 | bacitracin-polymyxin-neomycin-hc ophth oint 1% (Bacitra-Neomycin-Polymyxin-HC)      | 293 |
| Avonex Prefilled (interferon beta-1a)                            | 175 | bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)                     | 293 |
| Aygestin (norethindrone acetate)                                 | 259 | Baclofen  | 94  |
| Ayvakit (avapritinib)  | 71  | baclofen oral soln 5 mg/5ml   | 94  |
| AzaSite (azithromycin (ophth))                                   | 296 | baclofen susp 25 mg/5ml   | 94  |
| azathioprine tab 100 mg  | 274 | baclofen tab 10 mg  | 94  |
| azathioprine tab 100 mg (Azasan)                                 | 274 | baclofen tab 15 mg  | 94  |
| azathioprine tab 50 mg   | 274 | baclofen tab 20 mg  | 94  |
| azathioprine tab 75 mg   | 274 | baclofen tab 5 mg   | 94  |
| azathioprine tab 75 mg (Azasan)                                  | 274 | Bactrim (sulfamethoxazole-trimethoprim)   | 31  |
| azelaic acid gel 15%   | 178 | Bactrim DS (sulfamethoxazole-trimethoprim)  | 31  |
| azelastine hcl nasal spray 0.1% (137 mcg/spray)                  | 305 |   |     |
| azelastine hcl ophth soln 0.05%                                  | 296 |   |     |



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| Bafiertam (monomethyl fumarate) . . . . .  | 175 | Benzamycin (benzoyl peroxide-erythromycin)                                      | 179 |
| Balcoltra (levonorgestrel-ethinyl estradiol-ferrous bisglycinate) . . . . .                | 241 | Benzhydrocodone-Acetaminophen (benzhydrocodone hcl-acetaminophen) . . . . .     | 12  |
| balsalazide disodium cap 750 mg . . . . .  | 282 | Benznidazole . . . . .  | 82  |
| Balversa (erdafitinib) . . . . .   | 71  | Benzonatate . . . . .   | 314 |
| Banzel (rufinamide) . . . . .  | 42  | benzonatate cap 100 mg . . . . .  | 315 |
| Baqsimi One Pack (glucagon) . . . . .  | 115 | benzonatate cap 150 mg . . . . .  | 315 |
| Baqsimi Two Pack (glucagon) . . . . .  | 115 | benzonatate cap 200 mg . . . . .  | 315 |
| Baraclude (entecavir) . . . . .  | 95  | benzoyl peroxide-erythromycin gel 5-3% . . . . .                                | 179 |
| Basaglar KwikPen (insulin glargine) . . . . .  | 116 | Benzphetamine HCl . . . . .   | 171 |
| Basaglar Tempo Pen (insulin glargine) . . . . .  | 116 | benzphetamine hcl tab 50 mg . . . . .   | 171 |
| Baxdela (delafloxacin meglumine) . . . . .   | 30  | benztropine mesylate tab 0.5 mg . . . . .                                       | 83  |
| BD Insulin Syringe U-500 . . . . .   | 287 | benztropine mesylate tab 1 mg . . . . .   | 83  |
| BD Microtainer Lancets . . . . .   | 287 | benztropine mesylate tab 2 mg . . . . .   | 83  |
| BD Pen Needle Nano U/F . . . . .   | 287 | bepotastine besilate ophth soln 1.5% . . . . .                                  | 296 |
| BD SafetyGlide Insulin Syringe . . . . .   | 287 | Bepreve (bepotastine besilate) . . . . .  | 296 |
| BD Syringe Luer-Lok . . . . .  | 287 | Besivance (besifloxacin hcl) . . . . .  | 30  |
| Beconase AQ (beclomethasone diprop monohyd) . . . . .                                      | 304 | Besremi (ropeginterferon alfa-2b-njft) . . . . .                                | 272 |
| Belbuca (buprenorphine hcl) . . . . .  | 20  | Betamethasone Dipropionate Aug (betamethasone dipropionate augmented) . . . . . | 182 |
| Belsomra (suvorexant) . . . . .  | 320 | betamethasone dipropionate augmented cream 0.05% . . . . .                      | 182 |
| benazepril & hydrochlorothiazide tab 10-12.5 mg (Benazepril-Hydrochlorothiazide) . . . . . | 144 | betamethasone dipropionate augmented lotion 0.05% . . . . .                     | 182 |
| benazepril & hydrochlorothiazide tab 20-12.5 mg (Benazepril-hydroCHLOROthiazide) . . . . . | 144 | betamethasone dipropionate augmented oint 0.05% . . . . .                       | 182 |
| benazepril & hydrochlorothiazide tab 20-25 mg (Benazepril-Hydrochlorothiazide) . . . . .   | 144 | betamethasone dipropionate cream 0.05% . . . . .                                | 182 |
| benazepril & hydrochlorothiazide tab 5-6.25 mg (Benazepril-hydroCHLOROthiazide) . . . . .  | 144 | betamethasone dipropionate lotion 0.05% . . . . .                               | 182 |
| benazepril hcl tab 10 mg . . . . .   | 129 | betamethasone dipropionate oint 0.05% . . . . .                                 | 183 |
| benazepril hcl tab 20 mg . . . . .   | 129 | betamethasone valerate aerosol foam 0.12% . . . . .                             | 183 |
| benazepril hcl tab 40 mg . . . . .   | 129 | betamethasone valerate cream 0.1% (base equivalent) . . . . .                   | 183 |
| benazepril hcl tab 5 mg . . . . .  | 129 | betamethasone valerate lotion 0.1% (base equivalent) . . . . .                  | 183 |
| Benicar (olmesartan medoxomil) . . . . .   | 128 | betamethasone valerate oint 0.1% (base equivalent) . . . . .                    | 183 |
| Benicar HCT (olmesartan medoxomil-hydrochlorothiazide) . . . . .                           | 144 | Betapace (sotalol hcl) . . . . .  | 131 |
| Benlysta (belimumab) . . . . .   | 268 | Betapace AF (sotalol hcl (afib/af)) . . . . .                                   | 131 |
| BenzaClin (clindamycin phosphate-benzoyl peroxide) . . . . .                               | 178 | Betaseron (interferon beta-1b) . . . . .  | 175 |
| BenzaClin with Pump (clindamycin phosphate-benzoyl peroxide) . . . . .                     | 178 | Betaxolol HCl (betaxolol hcl (ophth)) . . . . .                                 | 300 |
|  |     | betaxolol hcl ophth soln 0.5% . . . . .   | 300 |

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| betaxolol hcl tab 10 mg   | 133     | Blephamide S.O.P. (sulfacetamide sod-<br>prednisolone)   | 293 |
| betaxolol hcl tab 20 mg   | 133     | Boniva (ibandronate sodium)  | 284 |
| bethanechol chloride tab 10 mg  | 230     | Bonjesta (doxylamine-pyridoxine)   | 55  |
| bethanechol chloride tab 25 mg  | 230     | bosentan tab 125 mg  | 312 |
| bethanechol chloride tab 5 mg   | 230     | bosentan tab 62.5 mg   | 312 |
| bethanechol chloride tab 50 mg  | 230     | Bosulif (bosutinib)  | 71  |
| Bethkis (tobramycin)  | 310     | Braftovi (encorafenib)   | 71  |
| Betimol (timolol)   | 300     | Breathe Ease Large   | 287 |
| Betoptic-S (betaxolol hcl (ophth))  | 300     | Breathe Ease Medium  | 287 |
| Bevespi Aerosphere (glycopyrrolate-formoterol<br>fumarate)  | 315     | Breathe Ease Small   | 287 |
| bexarotene cap 75 mg  | 81      | BreatheRite Valved MDI Chamber   | 287 |
| bexarotene gel 1%   | 81      | Breo Ellipta (fluticasone furoate-vilanterol)  | 315 |
| Beyaz (drospirenone-ethinyl estradiol-<br>levomefolate calcium)                                     | 241     | Breztri Aerosphere (budesonide-glycopyrrolate-<br>formoterol fumarate)                             | 315 |
| bicalutamide tab 50 mg  | 67      | Brilinta (ticagrelor)  | 125 |
| BiDil (isosorbide dinitrate-hydralazine hcl)  | 144     | brimonidine tartrate gel 0.33% (base<br>equivalent)  | 179 |
| Bijuva (estradiol-progesterone)   | 241,258 | brimonidine tartrate ophth soln 0.1%   | 301 |
| Biktarvy (bictegravir-emtricitabine-tenofovir<br>alafenamide fumarate)                              | 97      | brimonidine tartrate ophth soln 0.15%  | 301 |
| Biltricide (praziquantel)   | 81      | brimonidine tartrate ophth soln 0.2%   | 301 |
| bimatoprost ophth soln 0.03%  | 302     | brimonidine tartrate-timolol maleate ophth<br>soln 0.2-0.5%  | 293 |
| Bimzelx (bimekizumab-bkzx)  | 268     | brinzolamide ophth susp 1%   | 301 |
| Binosto (alendronate sodium)  | 284     | Brisdelle (paroxetine mesylate (vasomotor))  | 49  |
| bismuth subcit-metronidazole-tetracycline cap<br>140-125-125 mg (Bis Subcit-Metronid-<br>Tetracyc)  | 218     | Briviact (brivaracetam)  | 34  |
| bismuth subcit-metronidazole-tetracycline cap<br>140-125-125 mg<br>(Bismuth/Metronidaz/Tetracyclin) | 218     | bromfenac sodium ophth soln 0.07% (base<br>equivalent)   | 298 |
| bisoprolol & hydrochlorothiazide tab 10-6.25 mg<br>(Bisoprolol-Hydrochlorothiazide)                 | 144     | bromfenac sodium ophth soln 0.075% (base<br>equivalent)  | 298 |
| bisoprolol & hydrochlorothiazide tab 2.5-6.25<br>mg (Bisoprolol-hydroCHLOROthiazide)                | 144     | bromfenac sodium ophth soln 0.09% (base<br>equiv) (once-daily) (Bromfenac Sodium (Once-<br>Daily)) | 298 |
| bisoprolol & hydrochlorothiazide tab 5-6.25 mg<br>(Bisoprolol-Hydrochlorothiazide)                  | 145     | bromocriptine mesylate cap 5 mg (base<br>equivalent)   | 84  |
| bisoprolol fumarate tab 10 mg   | 133     | bromocriptine mesylate tab 2.5 mg (base<br>equivalent)   | 85  |
| bisoprolol fumarate tab 5 mg  | 133     | BromSite (bromfenac sodium (ophth))  | 298 |
| Bleph-10 (sulfacetamide sodium (ophth))   | 296     | Bronchitol (mannitol (cystic fibrosis))  | 310 |
| Blephamide (sulfacetamide sod-<br>prednisolone)   | 293     | BROVANA (arformoterol tartrate)  | 308 |
|   |         | Brukinsa (zanubrutinib)  | 71  |

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| Bryhali (halobetasol propionate) . . . . .                                       | 183 | buprenorphine td patch weekly 5 mcg/hr . . . . .  | 7   |
| budesonide delayed release particles cap 3 mg . . . . .                          | 283 | buprenorphine td patch weekly 7.5 mcg/hr . . . . .  | 7   |
| budesonide inhalation susp 0.25 mg/2ml . . . . .                                 | 304 | bupropion hcl (smoking deterrent) tab er 12hr 150 mg (buPROPion HCl ER (Smoking Det)) . . . . . | 22  |
| budesonide inhalation susp 0.5 mg/2ml . . . . .                                  | 304 | buPROPion HCl ER (XL) . . . . .   | 47  |
| budesonide inhalation susp 1 mg/2ml . . . . .                                    | 304 | bupropion hcl tab 100 mg . . . . .  | 47  |
| budesonide rectal foam 2 mg/act . . . . .  | 283 | bupropion hcl tab 75 mg . . . . .   | 47  |
| budesonide tab er 24hr 9 mg (Budesonide ER) . . . . .                            | 283 | bupropion hcl tab er 12hr 100 mg (buPROPion HCl ER (SR)) . . . . .                              | 47  |
| budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act . . . . .           | 315 | bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR)) . . . . .                              | 47  |
| budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Brey-na) . . . . . | 315 | bupropion hcl tab er 12hr 200 mg (buPROPion HCl ER (SR)) . . . . .                              | 47  |
| budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act . . . . .            | 315 | bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL)) . . . . .                              | 47  |
| budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Brey-na) . . . . .  | 315 | bupropion hcl tab er 24hr 300 mg (BuPROPion HCl ER (XL)) . . . . .                              | 47  |
| bumetanide tab 0.5 mg . . . . .  | 151 | bupropion hcl tab 10 mg . . . . .   | 104 |
| bumetanide tab 1 mg . . . . .  | 151 | bupropion hcl tab 15 mg . . . . .   | 104 |
| bumetanide tab 2 mg . . . . .  | 151 | bupropion hcl tab 30 mg . . . . .   | 104 |
| Bumex (bumetanide) . . . . .   | 151 | bupropion hcl tab 5 mg . . . . .  | 105 |
| Bunavail (buprenorphine hcl-naloxone hcl dihydrate) . . . . .                    | 20  | bupropion hcl tab 7.5 mg . . . . .  | 105 |
| Buphenyl (sodium phenylbutyrate) . . . . .                                       | 223 | butalbital-acetaminophen cap 50-300 mg . . . . .  | 171 |
| buprenorphine hcl sl tab 2 mg (base equiv) . . . . .                             | 20  | butalbital-acetaminophen tab 50-300 mg . . . . .  | 171 |
| buprenorphine hcl sl tab 8 mg (base equiv) . . . . .                             | 20  | butalbital-acetaminophen tab 50-300 mg (Bupap) . . . . .  | 171 |
| buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) . . . . .            | 20  | butalbital-acetaminophen tab 50-325 mg . . . . .  | 171 |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) . . . . .           | 20  | butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Butalbital-APAP-Caff-Cod) . . . . .   | 12  |
| buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) . . . . .             | 20  | butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (Butalbital-APAP-Caff-Cod) . . . . .   | 12  |
| buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) . . . . .             | 21  | butalbital-acetaminophen-caffeine cap 50-300-40 mg (Butalbital-APAP-Caffeine) . . . . .         | 171 |
| buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) . . . . .            | 21  | butalbital-acetaminophen-caffeine cap 50-325-40 mg (Butalbital-APAP-Caffeine) . . . . .         | 171 |
| buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) . . . . .              | 21  | butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic) . . . . .                            | 171 |
| buprenorphine td patch weekly 10 mcg/hr . . . . .                                | 6   | butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal) . . . . .                          | 171 |
| buprenorphine td patch weekly 15 mcg/hr . . . . .                                | 6   | butalbital-acetaminophen-caffeine tab 50-325-40 mg (Bac) . . . . .                              | 171 |
| buprenorphine td patch weekly 20 mcg/hr . . . . .                                | 7   |   |     |

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| butalbital-acetaminophen-caffeine tab 50-325-40 mg (Butalbital-APAP-Caffeine) . . . . .        | 171 |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine) . . . . .              | 13  |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Butalbital-ASA-Caff-Codeine) . . . . . | 13  |
| Butalbital-Aspirin-Caffeine . . . . .  | 2   |
| butalbital-aspirin-caffeine cap 50-325-40 mg . 2   |     |
| butorphanol tartrate nasal soln 10 mg/ml . . . . .   | 13  |
| Butrans (buprenorphine) . . . . .  | 7   |
| Bydureon (exenatide) . . . . .   | 108 |
| Bydureon BCise (exenatide) . . . . .   | 108 |
| Byetta 10 MCG Pen (exenatide) . . . . .  | 109 |
| Byetta 5 MCG Pen (exenatide) . . . . .   | 109 |
| Bylvay (odevixibat) . . . . .  | 183 |
| Bylvay (Pellets) (odevixibat) . . . . .  | 183 |
| Bynfezia Pen (octreotide acetate) . . . . .  | 265 |
| Bystolic (nebivolol hcl) . . . . .   | 133 |

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| C-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) . . . . .                       | 198     |
| cabergoline tab 0.5 mg . . . . .   | 265     |
| Cablivi (caplacizumab-yhdp) . . . . .  | 125     |
| Cabometyx (cabozantinib s-malate) . . . . .  | 71      |
| Cabtreo (adapalene-benzoyl peroxide-clindamycin phosphate) . . . . .                                 | 179     |
| Caduet (amlodipine besylate-atorvastatin calcium) . . . . .  | 145     |
| Cafergot (ergotamine w/ caffeine) . . . . .  | 61      |
| caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) . . . . .                                 | 212,311 |
| Calan SR (verapamil hcl) . . . . .   | 137     |
| Calcipotriene . . . . .  | 189     |
| calcipotriene cream 0.005% . . . . .   | 189     |
| calcipotriene oint 0.005% . . . . .  | 190     |
| calcipotriene oint 0.005% (Calcitrene) . . . . .   | 190     |
| calcipotriene soln 0.005% (50 mcg/ml) . . . . .  | 190     |
| calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Calcipotriene-Betameth Diprop) . . . . . | 190     |

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| calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Calcipotriene-Betameth Diprop) . . . . . | 190 |
| calcitonin (salmon) inj 200 unit/ml . . . . .  | 284 |
| calcitonin (salmon) nasal soln 200 unit/act . . . . .  | 284 |
| Calcitriol (calcitriol (topical)) . . . . .  | 190 |
| calcitriol cap 0.25 mcg . . . . .  | 284 |
| calcitriol cap 0.5 mcg . . . . .   | 284 |
| calcitriol oral soln 1 mcg/ml . . . . .  | 284 |
| calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Calcium Acetate (Phos Binder)) . . . . .  | 210 |
| Calquence (acalabrutinib maleate) . . . . .  | 71  |
| Calquence (acalabrutinib) . . . . .  | 71  |
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| estradiol & norethindrone acetate tab 0.5-0.1<br>mg (Estradiol-Norethindrone Acet) . . . . .           | 259 | estradiol td patch twice weekly 0.075<br>mg/24hr . . . . .                                 | 245 |
| estradiol & norethindrone acetate tab 1-0.5 mg<br>(Amabelz) . . . . .                                  | 259 | estradiol td patch twice weekly 0.075 mg/24hr<br>(Dotti) . . . . .                         | 245 |
|  |     | estradiol td patch twice weekly 0.075 mg/24hr<br>(Lyllana) . . . . .                       | 245 |
|  |     | estradiol td patch twice weekly 0.1 mg/24hr<br>(Dotti) . . . . .                           | 245 |

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| estradiol td patch twice weekly 0.1 mg/24hr (Lyllana).....                                    | 245 | etodolac cap 200 mg.....   | 3       |
| estradiol td patch weekly 0.025 mg/24hr.....  | 245 | etodolac cap 300 mg.....   | 3       |
| estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....                                 | 245 | etodolac tab 400 mg.....   | 3       |
| estradiol td patch weekly 0.05 mg/24hr.....   | 245 | etodolac tab 500 mg.....   | 3       |
| estradiol td patch weekly 0.06 mg/24hr.....   | 245 | etodolac tab er 24hr 400 mg (Etodolac ER).....                               | 3       |
| estradiol td patch weekly 0.075 mg/24hr.....  | 245 | etodolac tab er 24hr 500 mg (Etodolac ER).....                               | 3       |
| estradiol td patch weekly 0.1 mg/24hr.....  | 245 | etodolac tab er 24hr 600 mg (Etodolac ER).....                               | 3       |
| estradiol vaginal cream 0.1 mg/gm.....  | 245 | etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....               | 246     |
| estradiol vaginal tab 10 mcg.....   | 246 | etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng).....     | 246     |
| estradiol vaginal tab 10 mcg (Yuvafem).....   | 246 | etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring).....  | 246     |
| estradiol valerate im in oil 10 mg/ml.....  | 246 | etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette).....    | 246     |
| estradiol valerate im in oil 20 mg/ml.....  | 246 | etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....              | 246     |
| estradiol valerate im in oil 40 mg/ml.....  | 246 | etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)..... | 247     |
| Estring (estradiol vaginal).....  | 246 | Etoposide.....   | 70      |
| Estrogel (estradiol).....   | 246 | etravirine tab 100 mg.....   | 98      |
| Estrostep Fe (norethindrone acetate-ethinyl estradiol-fe).....                                | 246 | etravirine tab 200 mg.....   | 98      |
| eszopiclone tab 1 mg.....   | 321 | Eucrisa (crisaborole).....   | 185     |
| eszopiclone tab 2 mg.....   | 321 | Eulexin (flutamide).....   | 67      |
| eszopiclone tab 3 mg.....   | 321 | Evamist (estradiol).....   | 247     |
| ethacrynic acid tab 25 mg.....  | 151 | Evekeo (amphetamine sulfate).....  | 163,164 |
| ethambutol hcl tab 100 mg.....  | 65  | Evekeo ODT (amphetamine sulfate).....  | 164     |
| ethambutol hcl tab 400 mg.....  | 65  | everolimus tab 0.25 mg.....  | 276     |
| ethosuximide cap 250 mg.....  | 39  | everolimus tab 0.5 mg.....   | 276     |
| ethosuximide soln 250 mg/5ml.....   | 39  | everolimus tab 0.75 mg.....  | 276     |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol)..... | 246 | everolimus tab 1 mg.....   | 276     |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35).....                   | 246 | everolimus tab 10 mg.....  | 72      |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)).....               | 246 | everolimus tab 10 mg (Torpenz).....  | 72      |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)).....              | 246 | everolimus tab 2.5 mg.....   | 72      |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol)..... | 246 | everolimus tab 2.5 mg (Torpenz).....   | 72      |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50).....                   | 246 | everolimus tab 5 mg.....   | 72      |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50).....                   | 246 | everolimus tab 5 mg (Torpenz).....   | 72      |
|   |     | everolimus tab 7.5 mg.....   | 72      |
|   |     | everolimus tab 7.5 mg (Torpenz).....   | 73      |
|   |     | everolimus tab for oral susp 2 mg.....                                       | 73      |
|   |     | everolimus tab for oral susp 3 mg.....                                       | 73      |

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| everolimus tab for oral susp 5 mg . . . . .                           | 73  | febuxostat tab 40 mg . . . . .                                | 60  |
| Evista (raloxifene hcl) . . . . .                                     | 261 | febuxostat tab 80 mg . . . . .                                | 60  |
| Evoclin (clindamycin phosphate (topical)) . . . . .                   | 197 | felbamate susp 600 mg/5ml . . . . .                           | 35  |
| Evotaz (atazanavir sulfate-cobicistat) . . . . .                      | 102 | felbamate tab 400 mg . . . . .                                | 35  |
| Evoxac (cevimeline hcl) . . . . .                                     | 177 | felbamate tab 600 mg . . . . .                                | 35  |
| Evrysdi (risdiplam) . . . . .   | 224 | Felbatol (felbamate) . . . . .                                | 35  |
| Exelderm (sulconazole nitrate) . . . . .                              | 57  | Feldene (piroxicam) . . . . .                                 | 3   |
| Exelon (rivastigmine) . . . . .                                       | 45  | felodipine tab er 24hr 10 mg (Felodipine ER) .                | 136 |
| exemestane tab 25 mg . . . . .  | 70  | felodipine tab er 24hr 2.5 mg (Felodipine ER) .               | 136 |
| Exforge (amlodipine besylate-valsartan) . . . . .                     | 146 | felodipine tab er 24hr 5 mg (Felodipine ER) .                 | 136 |
| Exforge HCT (amlodipine-valsartan-<br>hydrochlorothiazide) . . . . .  | 146 | Femara (letrozole) . . . . .                                  | 70  |
| Exjade (deferasirox) . . . . .  | 209 | FemCap (cervical caps) . . . . .                              | 288 |
| Exkivity (mobocertinib succinate) . . . . .                           | 73  | Femhrt (norethindrone acetate-ethinyl<br>estradiol) . . . . . | 247 |
| Exservan (riluzole) . . . . .   | 160 | Femlyv (norethindrone acet & eth estra) . . . . .             | 247 |
| Extavia (interferon beta-1b) . . . . .                                | 175 | Femring (estradiol acetate vaginal) . . . . .                 | 247 |
| Extina (ketoconazole (topical)) . . . . .                             | 58  | Fenofibrate . . . . .   | 152 |
| Eysuvis (loteprednol etabonate) . . . . .                             | 298 | Fenofibrate Micronized . . . . .                              | 152 |
| Ezallor Sprinkle (rosuvastatin calcium) . . . . .                     | 154 | fenofibrate micronized cap 130 mg . . . . .                   | 152 |
| ezetimibe tab 10 mg . . . . .   | 156 | fenofibrate micronized cap 134 mg . . . . .                   | 153 |
| Ezetimibe-Rosuvastatin (ezetimibe-<br>rosuvastatin calcium) . . . . . | 156 | fenofibrate micronized cap 200 mg . . . . .                   | 153 |
| ezetimibe-simvastatin tab 10-10 mg . . . . .                          | 156 | fenofibrate micronized cap 43 mg . . . . .                    | 153 |
| ezetimibe-simvastatin tab 10-20 mg . . . . .                          | 156 | fenofibrate micronized cap 67 mg . . . . .                    | 153 |
| ezetimibe-simvastatin tab 10-40 mg . . . . .                          | 156 | fenofibrate tab 120 mg . . . . .                              | 153 |
| ezetimibe-simvastatin tab 10-80 mg . . . . .                          | 156 | fenofibrate tab 145 mg . . . . .                              | 153 |
|   |     | fenofibrate tab 40 mg . . . . .                               | 153 |
|   |     | fenofibrate tab 48 mg . . . . .                               | 153 |
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|   |     | fenopropfen calcium cap 400 mg . . . . .                      | 3   |
|   |     | fenopropfen calcium tab 600 mg . . . . .                      | 3   |
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|   |     | fentaNYL Citrate . . . . .                                    | 13  |
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|   |     | fentanyl citrate lozenge on a handle 200 mcg .                | 14  |
|   |     | fentanyl citrate lozenge on a handle 400 mcg .                | 14  |
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| Fabhalta (iptacopan hcl) . . . . .                                    | 123 |   |     |
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| famciclovir tab 500 mg . . . . .                                      | 104 |   |     |
| famotidine for susp 40 mg/5ml . . . . .                               | 220 |   |     |
| famotidine tab 40 mg . . . . .  | 220 |   |     |
| Fanapt (iloperidone) . . . . .  | 90  |   |     |
| Fanapt Titration Pack (iloperidone) . . . . .                         | 90  |   |     |
| Fareston (toremifene citrate) . . . . .                               | 68  |   |     |
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| Fasenra Pen (benralizumab) . . . . .                                  | 315 |   |     |

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| fentanyl citrate lozenge on a handle 800 mcg                      | 14  | flavoxate hcl tab 100 mg  | 228 |
| fentanyl td patch 72hr 100 mcg/hr                                 | 7   | flecainide acetate tab 100 mg   | 131 |
| fentanyl td patch 72hr 12 mcg/hr                                  | 7   | flecainide acetate tab 150 mg   | 132 |
| fentanyl td patch 72hr 25 mcg/hr                                  | 7   | flecainide acetate tab 50 mg  | 132 |
| fentanyl td patch 72hr 37.5 mcg/hr                                | 7   | Flector (diclofenac epolamine)  | 3   |
| fentanyl td patch 72hr 50 mcg/hr                                  | 7   | Fleqsuvy (baclofen)   | 94  |
| fentanyl td patch 72hr 62.5 mcg/hr                                | 7   | Flexichamber  | 288 |
| fentanyl td patch 72hr 75 mcg/hr                                  | 7   | Flexichamber Adult Mask/Small   | 288 |
| fentanyl td patch 72hr 87.5 mcg/hr                                | 7   | Flexichamber Child Mask/Large   | 288 |
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| Fiasp (insulin aspart (with niacinamide))                         | 116 | fluconazole for susp 10 mg/ml   | 58  |
| Fiasp FlexTouch (insulin aspart (with niacinamide))               | 116 | fluconazole for susp 40 mg/ml   | 58  |
| Fiasp PenFill (insulin aspart (with niacinamide))                 | 116 | fluconazole tab 100 mg  | 58  |
| Fiasp PumpCart (insulin aspart (with niacinamide))                | 116 | fluconazole tab 150 mg  | 58  |
| Fibricor (fenofibric acid)  | 153 | fluconazole tab 200 mg  | 58  |
| Filspari (sparsentan)   | 230 | fluconazole tab 50 mg   | 58  |
| Filsuvez (birch triterpenes)                                      | 288 | flucytosine cap 250 mg  | 58  |
| Finacea (azelaic acid)  | 179 | flucytosine cap 500 mg  | 58  |
| finasteride tab 5 mg  | 229 | fludrocortisone acetate tab 0.1 mg  | 234 |
| fingolimod hcl cap 0.5 mg (base equiv)                            | 175 | flunisolide nasal soln 25 mcg/act (0.025%)                                  | 315 |
| Fintepla (fenfluramine hcl (anticonvulsant))                      | 35  | fluocinolone acetonide (otic) oil 0.01%                                     | 303 |
| Fioricet (butalbital-acetaminophen-caffeine)                      | 172 | fluocinolone acetonide (otic) oil 0.01% (Flac)                              | 303 |
| Fioricet/Codeine (butalbital-acetaminophen-caffeine w/ codeine)   | 14  | fluocinolone acetonide cream 0.01%  | 185 |
| Firazyr (icatibant acetate)                                       | 267 | fluocinolone acetonide cream 0.025%   | 185 |
| Firdapse (amifampridine phosphate)                                | 172 | fluocinolone acetonide oil 0.01% (body oil) (Fluocinolone Acetonide Body)   | 185 |
| Firvanq (vancomycin hcl)  | 23  | fluocinolone acetonide oil 0.01% (scalp oil) (Fluocinolone Acetonide Scalp) | 185 |
| Flagyl (metronidazole)  | 23  | fluocinolone acetonide oint 0.025%  | 185 |
| Flarex (fluorometholone acetate)                                  | 298 | fluocinolone acetonide soln 0.01%   | 185 |
|   |     | Fluocinonide  | 185 |
|   |     | fluocinonide cream 0.05%  | 185 |



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| fluocinonide emulsified base cream 0.05% . . . . . | 185     | fluticasone propionate lotion 0.05% (Beser) . . . . . | 186 |
| fluocinonide gel 0.05% . . . . .                   | 185     | fluticasone propionate nasal susp 50                  |     |
| fluocinonide oint 0.05% . . . . .                  | 185     | mcg/act. . . . .                                      | 316 |
| fluocinonide soln 0.05% . . . . .                  | 185     | fluticasone propionate oint 0.005% . . . . .          | 186 |
| fluorometholone ophth susp 0.1% . . . . .          | 298     | Fluticasone-Salmeterol . . . . .                      | 316 |
| Fluoroplex (fluorouracil (topical)) . . . . .      | 190     | fluticasone-salmeterol aer powder ba 100-50           |     |
| Fluorouracil (fluorouracil (topical)) . . . . .    | 190,191 | mcg/act. . . . .                                      | 316 |
| fluorouracil cream 5% . . . . .                    | 191     | fluticasone-salmeterol aer powder ba 100-50           |     |
| fluorouracil soln 5% . . . . .                     | 191     | mcg/act (Wixela Inhub) . . . . .                      | 316 |
| FLUoxetine HCl . . . . .                           | 50      | fluticasone-salmeterol aer powder ba 250-50           |     |
| FLUoxetine HCl (PMDD) . . . . .                    | 50      | mcg/act. . . . .                                      | 316 |
| fluoxetine hcl cap 10 mg . . . . .                 | 50      | fluticasone-salmeterol aer powder ba 250-50           |     |
| fluoxetine hcl cap 20 mg . . . . .                 | 50      | mcg/act (Wixela Inhub) . . . . .                      | 316 |
| fluoxetine hcl cap 40 mg . . . . .                 | 50      | fluticasone-salmeterol aer powder ba 500-50           |     |
| fluoxetine hcl solution 20 mg/5ml . . . . .        | 50      | mcg/act. . . . .                                      | 316 |
| fluoxetine hcl tab 10 mg . . . . .                 | 50      | fluticasone-salmeterol aer powder ba 500-50           |     |
| fluoxetine hcl tab 20 mg . . . . .                 | 50      | mcg/act (Wixela Inhub) . . . . .                      | 316 |
| fluoxetine hcl tab 60 mg . . . . .                 | 50      | fluvastatin sodium cap 20 mg (base                    |     |
| FluPHENAZine HCl . . . . .                         | 88      | equivalent) . . . . .                                 | 154 |
| fluphenazine hcl tab 1 mg . . . . .                | 88      | fluvastatin sodium cap 40 mg (base                    |     |
| fluphenazine hcl tab 10 mg . . . . .               | 88      | equivalent) . . . . .                                 | 154 |
| fluphenazine hcl tab 2.5 mg . . . . .              | 88      | fluvastatin sodium tab er 24 hr 80 mg (base           |     |
| fluphenazine hcl tab 5 mg . . . . .                | 88      | equivalent) (Fluvastatin Sodium ER) . . . . .         | 154 |
| Flurandrenolide . . . . .                          | 185     | flvoxamine maleate cap er 24hr 100 mg                 |     |
| flurandrenolide cream 0.05% . . . . .              | 185     | (fluvoxamine Maleate ER) . . . . .                    | 50  |
| flurandrenolide cream 0.05% (Nolix) . . . . .      | 185     | flvoxamine maleate cap er 24hr 150 mg                 |     |
| flurandrenolide lotion 0.05% . . . . .             | 185     | (Fluvoxamine Maleate ER) . . . . .                    | 50  |
| flurandrenolide lotion 0.05% (Nolix) . . . . .     | 185     | flvoxamine maleate tab 100 mg . . . . .               | 51  |
| flurandrenolide oint 0.05% . . . . .               | 185     | flvoxamine maleate tab 25 mg . . . . .                | 51  |
| Flurazepam HCl . . . . .                           | 321     | flvoxamine maleate tab 50 mg . . . . .                | 51  |
| Flurbiprofen . . . . .                             | 4       | FML (fluorometholone (ophth)) . . . . .               | 298 |
| Flurbiprofen Sodium . . . . .                      | 298     | FML Forte (fluorometholone (ophth)) . . . . .         | 299 |
| flurbiprofen tab 100 mg . . . . .                  | 4       | FML Liquifilm (fluorometholone (ophth)) . . . . .     | 299 |
| Flutamide . . . . .                                | 67      | Focalin (dexmethylphenidate hcl) . . . . .            | 166 |
| Fluticasone Furoate-Vilanterol . . . . .           | 316     | Focalin XR (dexmethylphenidate hcl) . . . . .         | 166 |
| Fluticasone Propionate . . . . .                   | 186     | folic acid tab 1 mg . . . . .                         | 212 |
| fluticasone propionate cream 0.05% . . . . .       | 186     | Folivane-OB (prenatal without a vit w/ fe fum-        |     |
| Fluticasone Propionate Diskus (fluticasone         |         | iron polysacch complex -fa) . . . . .                 | 199 |
| propionate (inhalation)) . . . . .                 | 304     | Follistim AQ (follitropin beta) . . . . .             | 236 |
| Fluticasone Propionate HFA . . . . .               | 304     |   |     |

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| fondaparinux sodium subcutaneous inj 10 mg/0.8ml                                | 120     |
| fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml                               | 120     |
| fondaparinux sodium subcutaneous inj 5 mg/0.4ml                                 | 120     |
| fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml                               | 120     |
| Forfivo XL (bupropion hcl)  | 47      |
| formoterol fumarate soln nebu 20 mcg/2ml  | 308     |
| Fortamet (metformin hcl)  | 109     |
| Forteo (teriparatide (recombinant))   | 284     |
| Fortesta (testosterone)   | 239     |
| Fosamax (alendronate sodium)  | 285     |
| Fosamax Plus D (alendronate sodium-cholecalciferol)                             | 285     |
| fosamprenavir calcium tab 700 mg (base equiv)                                   | 102     |
| fosfomycin tromethamine powd pack 3 gm (base equivalent)                        | 23      |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (Fosinopril Sodium-HCTZ) | 146     |
| fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (Fosinopril Sodium-HCTZ) | 146     |
| fosinopril sodium tab 10 mg   | 130     |
| fosinopril sodium tab 20 mg   | 130     |
| fosinopril sodium tab 40 mg   | 130     |
| Fosrenol (lanthanum carbonate)  | 210     |
| Fotivda (tivozanib hcl)   | 73      |
| Fragmin (dalteparin sodium)   | 120,121 |
| FreeStyle Libre 14 Day Reader   | 288     |
| FreeStyle Libre 14 Day Sensor   | 288     |
| FreeStyle Libre 2 Plus Sensor   | 288     |
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| frovatriptan succinate tab 2.5 mg (base equivalent) | 62  |
| Fruzaqla (fruquintinib)                             | 69  |
| Fulphila (pegfilgrastim-jmdb)                       | 123 |
| Fulvicin P/G 165 (griseofulvin ultramicrosize)      | 58  |
| Furoscix (furosemide)                               | 151 |
| Furosemide  | 151 |
| furosemide oral soln 10 mg/ml                       | 151 |
| furosemide tab 20 mg                                | 151 |
| furosemide tab 40 mg                                | 151 |
| furosemide tab 80 mg                                | 151 |
| Fuzeon (enfuvirtide)                                | 101 |
| Fycompa (perampanel)                                | 35  |
| Fynetra (pegfilgrastim-pbbk)                        | 123 |

## G

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| gabapentin (once-daily) tab 300 mg                                       | 172 |
| gabapentin (once-daily) tab 600 mg                                       | 172 |
| gabapentin cap 100 mg  | 40  |
| gabapentin cap 300 mg  | 40  |
| gabapentin cap 400 mg  | 40  |
| gabapentin oral soln 250 mg/5ml  | 40  |
| gabapentin tab 600 mg  | 40  |
| gabapentin tab 800 mg  | 40  |
| Gabarone (gabapentin)  | 40  |
| Gabitril (tiagabine hcl)   | 40  |
| Galafold (migalastat hcl)  | 224 |
| Galantamine Hydrobromide   | 45  |
| galantamine hydrobromide cap er 24hr 16 mg (Galantamine Hydrobromide ER) | 45  |
| galantamine hydrobromide cap er 24hr 24 mg (Galantamine Hydrobromide ER) | 45  |
| galantamine hydrobromide cap er 24hr 8 mg (Galantamine Hydrobromide ER)  | 45  |
| galantamine hydrobromide tab 12 mg                                       | 45  |
| galantamine hydrobromide tab 4 mg  | 45  |
| galantamine hydrobromide tab 8 mg  | 45  |
| Galzin (zinc acetate (oral))   | 199 |
| Ganirelix Acetate  | 265 |
| ganirelix acetate soln prefilled syringe 250 mcg/0.5ml                   | 266 |

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| Gattex (teduglutide (rdna)).....   | 218 | glipizide tab er 24hr 10 mg (GlipiZIDE ER)....                   | 109 |
| GaviLyte-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....         | 218 | glipizide tab er 24hr 10 mg (GlipiZIDE XL)....                   | 109 |
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| Iressa (gefitinib)  | 74  | isotretinoin cap 30 mg (Accutane)                          | 180 |
| Isentress (raltegravir potassium)   | 97  | isotretinoin cap 30 mg (Claravis)                          | 180 |
| Isentress HD (raltegravir potassium)  | 97  | isotretinoin cap 30 mg (Myorisan)                          | 180 |
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| lithium carbonate cap 600 mg  | 108 | lorazepam tab 1 mg  | 107 |
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| meperidine hcl tab 50 mg . . . . .                                   | 15  | methadone hcl soln 10 mg/5ml . . . . .   | 9   |
| Mephyton (phytonadione) . . . . .                                    | 125 | methadone hcl soln 5 mg/5ml . . . . .  | 9   |
| meprobamate tab 200 mg . . . . .                                     | 105 | methadone hcl tab 10 mg . . . . .  | 9   |
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| methadone hcl tab 5 mg                      | 9   | methylphenidate hcl cap er 10 mg (cd)      |     |
| methadone hcl tab for oral susp 40 mg       | 9   | (Methylphenidate HCl ER (CD))              | 167 |
| methadone hcl tab for oral susp 40 mg       |     | methylphenidate hcl cap er 20 mg (cd)      |     |
| (Methadose)                                 | 9   | (Methylphenidate HCl ER (CD))              | 167 |
| Methadose (methadone hcl)                   | 9   | methylphenidate hcl cap er 24hr 10 mg (la) |     |
| Methadose Sugar-Free (methadone hcl)        | 9   | (Methylphenidate HCl ER (LA))              | 167 |
| Methamphetamine HCl                         | 164 | methylphenidate hcl cap er 24hr 10 mg (xr) |     |
| methamphetamine hcl tab 5 mg                | 164 | (Methylphenidate HCl ER (XR))              | 167 |
| methazolamide tab 25 mg                     | 301 | methylphenidate hcl cap er 24hr 15 mg (xr) |     |
| methazolamide tab 50 mg                     | 301 | (Methylphenidate HCl ER (XR))              | 167 |
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| methimazole tab 10 mg                       | 267 | (Methylphenidate HCl ER (LA))              | 167 |
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| methocarbamol tab 500 mg                    | 320 | (Methylphenidate HCl ER (LA))              | 167 |
| methocarbamol tab 750 mg                    | 320 | methylphenidate hcl cap er 24hr 30 mg (xr) |     |
| Methotrexate Sodium                         | 279 | (Methylphenidate HCl ER (XR))              | 167 |
| Methotrexate Sodium (PF)                    | 279 | methylphenidate hcl cap er 24hr 40 mg (la) |     |
| methotrexate sodium inj pf 1000 mg/40ml (25 |     | (Methylphenidate HCl ER (LA))              | 167 |
| mg/ml) (Methotrexate Sodium (PF))           | 279 | methylphenidate hcl cap er 24hr 40 mg (xr) |     |
| methotrexate sodium inj pf 250 mg/10ml (25  |     | (Methylphenidate HCl ER (XR))              | 167 |
| mg/ml) (Methotrexate Sodium (PF))           | 279 | methylphenidate hcl cap er 24hr 50 mg (xr) |     |
| methotrexate sodium inj pf 50 mg/2ml (25    |     | (Methylphenidate HCl ER (XR))              | 167 |
| mg/ml) (Methotrexate Sodium (PF))           | 279 | methylphenidate hcl cap er 24hr 60 mg (la) |     |
| methotrexate sodium tab 2.5 mg (base        |     | (Methylphenidate HCl ER (LA))              | 168 |
| equiv)                                      | 279 | methylphenidate hcl cap er 24hr 60 mg (xr) |     |
| Methoxsalen Rapid                           | 191 | (Methylphenidate HCl ER (XR))              | 168 |
| methoxsalen rapid cap 10 mg                 | 191 | methylphenidate hcl cap er 30 mg (cd)      |     |
| methscopolamine bromide tab 2.5 mg          | 217 | (Methylphenidate HCl ER (CD))              | 168 |
| methscopolamine bromide tab 5 mg            | 217 | methylphenidate hcl cap er 40 mg (cd)      |     |
| methsuximide cap 300 mg                     | 39  | (Methylphenidate HCl ER (CD))              | 168 |
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| methyldopa tab 250 mg                       | 127 | (Methylphenidate HCl ER (CD))              | 168 |
| methyldopa tab 500 mg                       | 127 | methylphenidate hcl cap er 60 mg (cd)      |     |
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| & hydrochlorothiazide)                      | 147 | methylphenidate hcl chew tab 10 mg         | 168 |
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| methylphenidate hcl tab 10 mg.....  | 168 | Metoclopramide HCl.....  | 55  |
| methylphenidate hcl tab 20 mg.....  | 168 | metoclopramide hcl soln 5 mg/5ml (10<br>mg/10ml) (base equiv).....                       | 55  |
| methylphenidate hcl tab 5 mg.....   | 168 | metoclopramide hcl tab 10 mg (base<br>equivalent).....                                   | 55  |
| methylphenidate hcl tab er 10 mg<br>(Methylphenidate HCl ER).....                                 | 168 | metoclopramide hcl tab 5 mg (base<br>equivalent).....                                    | 55  |
| methylphenidate hcl tab er 20 mg<br>(Methylphenidate HCl ER).....                                 | 168 | metolazone tab 10 mg.....  | 152 |
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| methylphenidate hcl tab er osmotic release<br>(osm) 27 mg (Methylphenidate HCl ER<br>(OSM)).....  | 169 | metoprolol & hydrochlorothiazide tab 100-25<br>mg (Metoprolol-Hydrochlorothiazide).....  | 147 |
| methylphenidate hcl tab er osmotic release<br>(osm) 27 mg (Methylphenidate HCl ER)<br>(OSM))..... | 169 | metoprolol & hydrochlorothiazide tab 100-50<br>mg (Metoprolol-Hydrochlorothiazide).....  | 147 |
| methylphenidate hcl tab er osmotic release<br>(osm) 36 mg (Methylphenidate HCl ER<br>(OSM)).....  | 169 | metoprolol & hydrochlorothiazide tab 50-25 mg<br>(Metoprolol-Hydrochlorothiazide).....   | 147 |
| methylphenidate hcl tab er osmotic release<br>(osm) 36 mg (Methylphenidate HCl ER)<br>(OSM))..... | 169 | metoprolol succinate tab er 24hr 100 mg<br>(tartrate equiv) (Metoprolol Succinate ER)... | 134 |
| methylphenidate hcl tab er osmotic release<br>(osm) 54 mg (Methylphenidate HCl ER<br>(OSM)).....  | 169 | metoprolol succinate tab er 24hr 200 mg<br>(tartrate equiv) (Metoprolol Succinate ER)... | 134 |
| methylphenidate hcl tab er osmotic release<br>(osm) 54 mg (Methylphenidate HCl ER)<br>(OSM))..... | 169 | metoprolol succinate tab er 24hr 25 mg<br>(tartrate equiv) (Metoprolol Succinate ER)...  | 134 |
| methylphenidate hcl tab er osmotic release<br>(osm) 72 mg (Methylphenidate HCl ER<br>(OSM)).....  | 169 | metoprolol succinate tab er 24hr 50 mg<br>(tartrate equiv) (Metoprolol Succinate ER)...  | 135 |
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| methylphenidate td patch 15 mg/9hr.....   | 169 | metoprolol tartrate tab 25 mg.....   | 135 |
| methylphenidate td patch 20 mg/9hr.....   | 169 | metoprolol tartrate tab 37.5 mg.....   | 135 |
| methylphenidate td patch 30 mg/9hr.....   | 169 | metoprolol tartrate tab 50 mg.....   | 135 |
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| metronidazole lotion 0.75% . . . . .  | 24  | minocycline hcl tab 75 mg . . . . .                               | 33  |
| metronidazole tab 250 mg . . . . .  | 24  | minocycline hcl tab er 24hr 105 mg (Minocycline HCl ER) . . . . . | 33  |
| metronidazole tab 500 mg . . . . .  | 24  | minocycline hcl tab er 24hr 115 mg (Minocycline HCl ER) . . . . . | 33  |
| metronidazole vaginal gel 0.75% . . . . .   | 24  | minocycline hcl tab er 24hr 135 mg (Coremino) 33                  |     |
| metyrosine cap 250 mg . . . . .   | 147 | minocycline hcl tab er 24hr 135 mg (Minocycline HCl ER) . . . . . | 33  |
| mexiletine hcl cap 150 mg . . . . .   | 132 | minocycline hcl tab er 24hr 45 mg (Coremino) .33                  |     |
| mexiletine hcl cap 200 mg . . . . .   | 132 | minocycline hcl tab er 24hr 45 mg (Minocycline HCl ER) . . . . .  | 33  |
| mexiletine hcl cap 250 mg . . . . .   | 132 | minocycline hcl tab er 24hr 55 mg (Minocycline HCl ER) . . . . .  | 33  |
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| Microspacer . . . . .   | 290 | Miplyffa (arimoclomol citrate) . . . . .                          | 224 |
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| midodrine hcl tab 2.5 mg . . . . .  | 127 | mirabegron tab er 24 hr 50 mg (Mirabegron ER) . . . . .           | 228 |
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| Miebo (perfluorohexyloctane) . . . . .  | 294 | Mirapex ER (pramipexole dihydrochloride) . . . . .                | 85  |
| Mifeprex (mifepristone) . . . . .   | 234 | Mircette (desogestrel-ethinyl estradiol (biphasic)) . . . . .     | 250 |
| mifepristone tab 200 mg . . . . .   | 234 | mirtazapine orally disintegrating tab 15 mg . . . . .             | 47  |
| mifepristone tab 300 mg . . . . .   | 266 | mirtazapine orally disintegrating tab 30 mg . . . . .             | 47  |
| Migergot (ergotamine w/ caffeine) . . . . .   | 62  | mirtazapine orally disintegrating tab 45 mg . . . . .             | 47  |
| Miglitol . . . . .  | 111 | mirtazapine tab 15 mg . . . . .                                   | 48  |
| miglitol tab 100 mg . . . . .   | 112 | mirtazapine tab 30 mg . . . . .                                   | 48  |
| miglitol tab 25 mg . . . . .  | 112 | mirtazapine tab 45 mg . . . . .                                   | 48  |
| miglitol tab 50 mg . . . . .  | 112 | mirtazapine tab 7.5 mg . . . . .                                  | 48  |
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| minocycline hcl tab 100 mg . . . . .  | 33  |   |     |

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| Mitigare (colchicine)                                     | 60    | morphine sulfate oral soln 20 mg/5ml  | 16  |
| Mobic (meloxicam)   | 4     | morphine sulfate tab 15 mg  | 16  |
| modafinil tab 100 mg                                      | 322   | morphine sulfate tab 30 mg  | 16  |
| modafinil tab 200 mg                                      | 323   | morphine sulfate tab er 100 mg (Morphine Sulfate ER)                              | 10  |
| moexipril hcl tab 15 mg                                   | 130   | morphine sulfate tab er 15 mg (Morphine Sulfate ER)                               | 10  |
| moexipril hcl tab 7.5 mg                                  | 130   | morphine sulfate tab er 200 mg (Morphine Sulfate ER)                              | 10  |
| Molindone HCl   | 89    | morphine sulfate tab er 30 mg (Morphine Sulfate ER)                               | 10  |
| mometasone furoate cream 0.1%                             | 187   | morphine sulfate tab er 60 mg (Morphine Sulfate ER)                               | 10  |
| mometasone furoate oint 0.1%                              | 187   | Motegrity (prucalopride succinate)  | 214 |
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| montelukast sodium chew tab 5 mg (base equiv)             | 306   | MoviPrep (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)                | 214 |
| montelukast sodium oral granules packet 4 mg (base equiv) | 306   | Moxeza (moxifloxacin hcl (ophth))   | 297 |
| montelukast sodium tab 10 mg (base equiv)                 | 306   | Moxifloxacin HCl (2X Day) (moxifloxacin hcl (ophth))                              | 297 |
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| morphine sulfate cap er 24hr 20 mg (Morphine Sulfate ER)  | 9     | Multaq (dronedarone hcl)  | 132 |
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| morphine sulfate cap er 24hr 50 mg (Morphine Sulfate ER)  | 9     | Multi-Vit-Flor (pediatric multivitamins w/fl)                                     | 199 |
| morphine sulfate cap er 24hr 60 mg (Morphine Sulfate ER)  | 9     | Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)                             | 200 |
| morphine sulfate cap er 24hr 80 mg (Morphine Sulfate ER)  | 9     | Multivitamin w/Fluoride (pediatric multivitamins w/fl)                            | 200 |
| Morphine Sulfate ER                                       | 10    | Multivitamin/Fluoride (pediatric multivitamins w/fl)                              | 200 |
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| morphine sulfate oral soln 10 mg/5ml                      | 16    |   |     |

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| naproxen sodium tab 550 mg . . . . .   | 5     |
| naproxen sodium tab er 24hr 375 mg (base<br>equiv) (Naproxen Sodium ER) . . . . .        | 5     |
| naproxen sodium tab er 24hr 500 mg (base<br>equiv) (Naproxen Sodium ER) . . . . .        | 5     |
| naproxen sodium tab er 24hr 750 mg (base<br>equiv) (Naproxen Sodium ER) . . . . .        | 5     |
| naproxen susp 125 mg/5ml . . . . .   | 5     |
| naproxen tab 250 mg . . . . .  | 5     |
| naproxen tab 375 mg . . . . .  | 5     |
| naproxen tab 500 mg . . . . .  | 5     |
| naproxen tab ec 375 mg . . . . .   | 5     |
| naproxen tab ec 375 mg (EC-Naproxen) . . . . .   | 5     |
| naproxen tab ec 500 mg . . . . .   | 5     |
| naproxen tab ec 500 mg (EC-Naproxen) . . . . .   | 5     |
| naproxen tab ec 500 mg (Naproxen DR) . . . . .   | 5     |
| naproxen-esomeprazole magnesium tab dr<br>375-20 mg (Naproxen-Esomeprazole Mg) . . . . . | 5     |
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| nicardipine hcl cap 30 mg   | 136     | nitrofurantoin susp 25 mg/5ml  | 24  |
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| Nicotrol NS (nicotine)  | 22      | nitroglycerin sl tab 0.3 mg  | 159 |
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| nifedipine cap 20 mg  | 136     | nitroglycerin sl tab 0.6 mg  | 159 |
| nifedipine tab er 24hr 30 mg (NIFEdipine ER)                                    | 136     | nitroglycerin td patch 24hr 0.1 mg/hr  | 159 |
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| omeprazole cap delayed release 40 mg.....                           | 221 | Onureg (azacitidine).....  | 69      |
| omeprazole-sodium bicarbonate cap 40-1100<br>mg.....                | 222 | Onyda XR (clonidine hcl (adhd)).....                                       | 169     |
| omeprazole-sodium bicarbonate powd pack for<br>susp 20-1680 mg..... | 222 | Onzetra Xsail (sumatriptan succinate).....                                 | 63      |
| omeprazole-sodium bicarbonate powd pack for<br>susp 40-1680 mg..... | 222 | Opfolda (miglustat (gaa deficiency)).....                                  | 225     |
| Omnaris (ciclesonide (nasal)).....                                  | 317 | Opsumit (macitentan).....  | 312     |
| Omniflex Diaphragm (diaphragms).....                                | 290 | Opsynvi (macitentan-tadalafil).....  | 312     |
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| Omnipod 5 G6 Pods (Gen 5).....                                      | 290 | OptiChamber Diamond-Md Mask.....   | 291     |
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| Omnipod 5 G7 Pods (Gen 5).....                                      | 291 | Opvee (nalmefene hcl (antidote)).....                                      | 291     |
| Omnipod 5 Libre2 Plus G6.....                                       | 291 | Opzelura (ruxolitinib phosphate (topical))....                             | 191     |
| Omnipod 5 Libre2 Plus G6 Pods.....                                  | 291 | Oracea (doxycycline (rosacea)).....  | 33      |
| Omnipod Classic Pods (Gen 3).....                                   | 291 | Oracit (sodium citrate & citric acid).....                                 | 231     |
| Omnipod DASH Intro (Gen 4).....                                     | 291 | Oral Citrate (sodium citrate & citric acid)....                            | 231     |
| Omnipod DASH Pods (Gen 4).....                                      | 291 | Oralair (grass mixed pollens allergen<br>extract).....                     | 269     |
| Omnipod Go.....   | 291 | Oralair Adult Starter Pack (grass mixed pollens<br>allergen extract).....  | 269     |
|   |     | Orapred ODT (prednisolone sodium<br>phosphate).....                        | 234     |
|   |     | Orencia (abatacept).....   | 269     |
|   |     | Orencia ClickJect (abatacept).....   | 269     |
|   |     | Orenitram (treprostinil diolamine).....                                    | 312     |
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| Orenitram Month 3 (treprostinil diolamine) . . . . .  | 312     | Ovace Plus Wash (sulfacetamide sodium) . . . . .                         | 191,192 |
| Orfadin (nitisinone) . . . . .  | 225     | Ovace Wash (sulfacetamide sodium) . . . . .                              | 192     |
| Orgovyx (relugolix) . . . . .   | 266     | Ovide (malathion) . . . . .  | 196     |
| Oriahnn (elagolix sodium-estradiol-norethindrone acetate) . . . . .                           | 266     | Ovidrel (choriogonadotropin alfa) . . . . .                              | 238     |
| Orilissa (elagolix sodium) . . . . .  | 266     | Oxandrolone . . . . .  | 239     |
| Orkambi (lumacaftor-ivacaftor) . . . . .  | 310     | oxandrolone tab 10 mg . . . . .  | 239     |
| Orladeyo (berotralstat hcl) . . . . .   | 267     | oxandrolone tab 2.5 mg . . . . .   | 239     |
| Orlistat . . . . .  | 219     | oxaprozin tab 600 mg . . . . .   | 6       |
| orphenadrine citrate tab er 12hr 100 mg (Orphenadrine Citrate ER) . . . . .                   | 320     | Oxaydo (oxycodone hcl) . . . . .   | 16      |
| orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Norgesic) . . . . .                      | 320     | oxazepam cap 10 mg . . . . .   | 107     |
| orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Orphenadrine-Aspirin-Caffeine) . . . . . | 320     | oxazepam cap 15 mg . . . . .   | 107     |
| orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphenadrine-ASA-Caffeine) . . . . .     | 320     | oxazepam cap 30 mg . . . . .   | 107     |
| orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphengesic Forte) . . . . .             | 320     | oxcarbazepine susp 300 mg/5ml (60 mg/ml) . . . . .                       | 43      |
| Orserdu (elacestrant hydrochloride) . . . . .   | 67      | oxcarbazepine tab 150 mg . . . . .                                       | 43      |
| Ortho Micronor (norethindrone (contraceptive)) . . . . .                                      | 260     | oxcarbazepine tab 300 mg . . . . .                                       | 43      |
| Ortikos (budesonide) . . . . .  | 283     | oxcarbazepine tab 600 mg . . . . .                                       | 43      |
| oseltamivir phosphate cap 30 mg (base equiv) . . . . .  | 103     | oxcarbazepine tab er 24hr 150 mg (OXcarbazepine ER) . . . . .            | 43      |
| oseltamivir phosphate cap 45 mg (base equiv) . . . . .  | 103     | oxcarbazepine tab er 24hr 300 mg (OXcarbazepine ER) . . . . .            | 43      |
| oseltamivir phosphate cap 75 mg (base equiv) . . . . .  | 103     | oxcarbazepine tab er 24hr 600 mg (OXcarbazepine ER) . . . . .            | 43      |
| oseltamivir phosphate for susp 6 mg/ml (base equiv) . . . . .                                 | 103     | Oxervate (cenegermin-bkbj) . . . . .                                     | 295     |
| Oseni (alogliptin-pioglitazone) . . . . .   | 112     | oxiconazole nitrate cream 1% . . . . .                                   | 59      |
| Osmolex ER (amantadine hcl) . . . . .   | 84      | Oxistat (oxiconazole nitrate) . . . . .                                  | 59      |
| OsmoPrep (sodium phosphate monobasic-sodium phosphate dibasic) . . . . .                      | 214     | Oxsoralen Ultra (methoxsalen rapid) . . . . .                            | 192     |
| Osphena (ospemifene) . . . . .  | 261     | Oxtellar XR (oxcarbazepine) . . . . .                                    | 43      |
| Otezla (apremilast) . . . . .   | 191,269 | Oxybutynin Chloride . . . . .  | 228     |
| Otovel (ciprofloxacin-fluocinolone acetone) . . . . .   | 303     | oxybutynin chloride solution 5 mg/5ml . . . . .                          | 228     |
| Otrexup (methotrexate (antirheumatic)) . . . . .  | 279     | oxybutynin chloride tab 5 mg . . . . .                                   | 228     |
|   |         | oxybutynin chloride tab er 24hr 10 mg (Oxybutynin Chloride ER) . . . . . | 228     |
|   |         | oxybutynin chloride tab er 24hr 15 mg (Oxybutynin Chloride ER) . . . . . | 228     |
|   |         | oxybutynin chloride tab er 24hr 5 mg (Oxybutynin Chloride ER) . . . . .  | 228     |
|   |         | oxycodone hcl cap 5 mg . . . . .   | 16      |
|   |         | oxycodone hcl conc 100 mg/5ml (20 mg/ml) . . . . .                       | 16      |
|   |         | OxyCODONE HCl ER . . . . .   | 10      |
|   |         | oxycodone hcl soln 5 mg/5ml . . . . .                                    | 16      |



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| oxycodone hcl tab 10 mg   | 16  | Palforzia (160 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)  | 269 |
| oxycodone hcl tab 15 mg   | 17  | Palforzia (20 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)   | 269 |
| oxycodone hcl tab 20 mg   | 17  | Palforzia (200 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)  | 270 |
| oxycodone hcl tab 30 mg   | 17  | Palforzia (240 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)  | 270 |
| oxycodone hcl tab 5 mg  | 17  | Palforzia (3 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)    | 270 |
| oxycodone w/ acetaminophen tab 10-325 mg (Endocet)                  | 17  | Palforzia (300 MG Maintenance) (peanut (arachis hypogaea) allergen powder-dnfp) | 270 |
| oxycodone w/ acetaminophen tab 10-325 mg (oxyCODONE-Acetaminophen)  | 17  | Palforzia (300 MG Titration) (peanut (arachis hypogaea) allergen powder-dnfp)   | 270 |
| oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)                 | 17  | Palforzia (40 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)   | 270 |
| oxycodone w/ acetaminophen tab 2.5-325 mg (Oxycodone-Acetaminophen) | 17  | Palforzia (6 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)    | 270 |
| oxycodone w/ acetaminophen tab 5-325 mg (Endocet)                   | 17  | Palforzia (80 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)   | 270 |
| oxycodone w/ acetaminophen tab 5-325 mg (Oxycodone-Acetaminophen)   | 17  | paliperidone tab er 24hr 1.5 mg (Paliperidone ER)                               | 91  |
| oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)                 | 17  | paliperidone tab er 24hr 3 mg (Paliperidone ER)                                 | 91  |
| oxycodone w/ acetaminophen tab 7.5-325 mg (Oxycodone-Acetaminophen) | 17  | paliperidone tab er 24hr 6 mg (Paliperidone ER)                                 | 91  |
| oxyCODONE-Acetaminophen (oxycodone w/ acetaminophen)                | 17  | paliperidone tab er 24hr 9 mg (Paliperidone ER)                                 | 91  |
| Oxycodone-Aspirin   | 18  | Palynziq (pegvaliase-pqpz)  | 225 |
| OxyCONTIN (oxycodone hcl)   | 11  | Pamelor (nortriptyline hcl)   | 54  |
| oxyMORphone HCl ER  | 11  | Pancreaze (pancrelipase (lipase-protease-amylase))                              | 225 |
| oxymorphone hcl tab 10 mg   | 18  | Pandel (hydrocortisone probutate)   | 188 |
| oxymorphone hcl tab 5 mg  | 18  | Panretin (alitretinoin)   | 81  |
| Oxytrol (oxybutynin)  | 228 | pantoprazole sodium ec tab 20 mg (base equiv)                                   | 222 |
| Ozempic (0.25 or 0.5 MG/DOSE) (semaglutide)                         | 112 | pantoprazole sodium ec tab 40 mg (base equiv)                                   | 222 |
| Ozempic (1 MG/DOSE) (semaglutide)                                   | 112 | pantoprazole sodium for delayed release susp packet 40 mg                       | 222 |
| Ozempic (2 MG/DOSE) (semaglutide)                                   | 112 | paricalcitol cap 1 mcg  | 285 |
| Ozobax (baclofen)   | 95  |   |     |
| Ozobax DS (baclofen)  | 95  |   |     |

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| Palforzia (12 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)  | 269 |
| Palforzia (120 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp) | 269 |

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| paricalcitol cap 2 mcg                          | 285  | Pediapred (prednisolone sodium phosphate)       | 234   |
| paricalcitol cap 4 mcg                          | 285  | peg 3350-kcl-na bicarb-nacl-na sulfate for soln | 236 gm (Gavilyte-G)                             |
| Parlodel (bromocriptine mesylate)               | 85   | 236 gm (PEG-3350/Electrolytes)                  | 219   |
| Parnate (tranylcypromine sulfate)               | 49   | peg 3350-kcl-nacl-na sulfate-na ascorbate-c     | for soln 100 gm (PEG-                           |
| paromomycin sulfate cap 250 mg                  | 23   | 3350/Electrolytes/Ascorbat)                     | 214   |
| paroxetine hcl oral susp 10 mg/5ml (base        | equiv)                                     | 51  | peg 3350-kcl-nacl-na sulfate-na ascorbate-c     |
| paroxetine hcl tab 10 mg                        | 51   | for soln 100 gm (PEG-KCl-NaCl-NaSulf-Na Asc-    | C)  |
| paroxetine hcl tab 20 mg                        | 51   | 214   | peg 3350-kcl-sod bicarb-nacl for soln 420 gm    |
| paroxetine hcl tab 30 mg                        | 51   | (Gavilyte-N With Flavor Pack)                   | 214   |
| paroxetine hcl tab 40 mg                        | 51   | peg 3350-kcl-sod bicarb-nacl for soln 420 gm    | (PEG 3350-KCl-Na Bicarb-NaCl)                   |
| paroxetine hcl tab er 24hr 12.5 mg (PARoxetine  | HCl ER)                                    | 51  | PEG-Prep (bisacodyl-peg 3350-pot chloride-      |
| paroxetine hcl tab er 24hr 25 mg (PARoxetine    | HCl ER)                                    | 51  | sod bicarb-sod chloride)                        |
| paroxetine hcl tab er 24hr 37.5 mg (PARoxetine  | HCl ER)                                    | 51  | Pegasys (peginterferon alfa-2a)                 |
| paroxetine mesylate cap 7.5 mg (base equiv)     | 51   | PegIntron (peginterferon alfa-2b)               | 96  |
| Paser (aminosalicylic acid)                     | 65   | Pemazyre (pemigatinib)                          | 76  |
| Patanase (olopatadine hcl (nasal))              | 306  | Pen Needles                                     | 291   |
| Paxil (paroxetine hcl)                          | 51   | penciclovir cream 1%                            | 197   |
| Paxil CR (paroxetine hcl)                       | 51   | penicillamine cap 250 mg                        | 210   |
| Paxlovid (150/100) (nirmatrelvir-ritonavir)     | 104  | penicillamine tab 250 mg                        | 210   |
| Paxlovid (300/100) (nirmatrelvir-ritonavir)     | 104  | Penicillin V Potassium                          | 28  |
| pazopanib hcl tab 200 mg (base equiv)           | 76   | penicillin v potassium tab 250 mg               | 28  |
| pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194- | 0.0065 mg/5ml (PB-Hyoscy-Atropine-         | Scopolamine)                                    | 217   |
| pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194- | 0.0065 mg/5ml (Phenobarbital-Belladonna    | Alk)  | 217   |
| pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194- | 0.0065 mg/5ml (Phenoxytro)                 | 218   | pb-hyoscy-atrop-scopol tab 16.2-0.1037-         |
| pb-hyoscy-atrop-scopol tab 16.2-0.1037-         | 0.0194-0.0065 mg (PB-Hyoscy-Atropine-      | Scopolamine)                                    | 218   |
| pb-hyoscy-atrop-scopol tab 16.2-0.1037-         | 0.0194-0.0065 mg (PHENobarbital-Belladonna | Alk)  | 218   |
| pb-hyoscy-atrop-scopol tab 16.2-0.1037-         | 0.0194-0.0065 mg (Phenoxytro)              | 218   | peg 3350-kcl-na bicarb-nacl-na sulfate for soln |
|   |  |   | 236 gm (Gavilyte-G)                             |
|   |  |   | 219   |
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| permethrin cream 5% . . . . .                                  | 196 | phenytoin sodium extended cap 200 mg<br>(Phenytek) . . . . .       | 43  |
| perphenazine tab 16 mg . . . . .                               | 55  | phenytoin sodium extended cap 300 mg . . . . .                     | 43  |
| perphenazine tab 2 mg . . . . .                                | 55  | phenytoin sodium extended cap 300 mg<br>(Phenytek) . . . . .       | 43  |
| perphenazine tab 4 mg . . . . .                                | 55  | phenytoin susp 125 mg/5ml . . . . .                                | 43  |
| perphenazine tab 8 mg . . . . .                                | 55  | Phexxi (lactic acid-citric acid-potassium<br>bitartrate) . . . . . | 231 |
| Perphenazine-Amitriptyline . . . . .                           | 48  | Phoslyra (calcium acetate (phosphate<br>binder)) . . . . .         | 211 |
| Pertzye (pancrelipase (lipase-protease-<br>amylase)) . . . . . | 225 | Phospholine Iodide (echothiophate iodide) . . . . .                | 301 |
| Pexeva (paroxetine mesylate) . . . . .                         | 51  | phytonadione tab 5 mg . . . . .                                    | 125 |
| Pheburane (sodium phenylbutyrate) . . . . .                    | 225 | Picato (ingenol mebutate) . . . . .                                | 192 |
| phenazopyridine hcl tab 100 mg . . . . .                       | 231 | Pifeltro (doravirine) . . . . .                                    | 98  |
| phenazopyridine hcl tab 200 mg . . . . .                       | 231 | pilocarpine hcl ophth soln 1% . . . . .                            | 301 |
| Phendimetrazine Tartrate ER . . . . .                          | 172 | pilocarpine hcl ophth soln 2% . . . . .                            | 301 |
| phendimetrazine tartrate tab 35 mg . . . . .                   | 172 | pilocarpine hcl ophth soln 4% . . . . .                            | 301 |
| Phenelzine Sulfate . . . . .                                   | 49  | pilocarpine hcl tab 5 mg . . . . .                                 | 177 |
| phenelzine sulfate tab 15 mg . . . . .                         | 49  | pilocarpine hcl tab 7.5 mg . . . . .                               | 177 |
| phenobarbital elixir 20 mg/5ml . . . . .                       | 40  | pimecrolimus cream 1% . . . . .                                    | 188 |
| phenobarbital tab 100 mg . . . . .                             | 40  | Pimozide . . . . .   | 89  |
| phenobarbital tab 15 mg . . . . .                              | 40  | pindolol tab 10 mg . . . . .                                       | 135 |
| phenobarbital tab 16.2 mg . . . . .                            | 40  | pindolol tab 5 mg . . . . .  | 135 |
| phenobarbital tab 30 mg . . . . .                              | 40  | pioglitazone hcl tab 15 mg (base equiv) . . . . .                  | 112 |
| phenobarbital tab 32.4 mg . . . . .                            | 40  | pioglitazone hcl tab 30 mg (base equiv) . . . . .                  | 112 |
| phenobarbital tab 60 mg . . . . .                              | 40  | pioglitazone hcl tab 45 mg (base equiv) . . . . .                  | 112 |
| phenobarbital tab 64.8 mg . . . . .                            | 40  | pioglitazone hcl-glimepiride tab 30-2 mg . . . . .                 | 112 |
| phenobarbital tab 97.2 mg . . . . .                            | 40  | pioglitazone hcl-glimepiride tab 30-4 mg . . . . .                 | 112 |
| phenoxybenzamine hcl cap 10 mg . . . . .                       | 127 | pioglitazone hcl-metformin hcl tab 15-500<br>mg . . . . .          | 112 |
| phentermine hcl cap 15 mg . . . . .                            | 172 | pioglitazone hcl-metformin hcl tab 15-850<br>mg . . . . .          | 113 |
| phentermine hcl cap 30 mg . . . . .                            | 172 | Piqray (200 MG Daily Dose) (alpelisib) . . . . .                   | 76  |
| phentermine hcl cap 37.5 mg . . . . .                          | 172 | Piqray (250 MG Daily Dose) (alpelisib) . . . . .                   | 76  |
| phentermine hcl tab 37.5 mg . . . . .                          | 172 | Piqray (300 MG Daily Dose) (alpelisib) . . . . .                   | 76  |
| Phenylephrine HCl (phenylephrine hcl<br>(mydriatic)) . . . . . | 295 | Pirfenidone . . . . .  | 314 |
| phenylephrine hcl ophth soln 10% . . . . .                     | 295 | pirfenidone cap 267 mg . . . . .                                   | 314 |
| phenylephrine hcl ophth soln 10% (Altafrin) . . . . .          | 295 | pirfenidone tab 267 mg . . . . .                                   | 314 |
| phenylephrine hcl ophth soln 2.5% . . . . .                    | 295 | pirfenidone tab 801 mg . . . . .                                   | 314 |
| phenylephrine hcl ophth soln 2.5% (Altafrin) . . . . .         | 295 | piroxicam cap 10 mg . . . . .                                      | 6   |
| phenytoin chew tab 50 mg . . . . .                             | 43  | piroxicam cap 20 mg . . . . .                                      | 6   |
| phenytoin chew tab 50 mg (Phenytoin<br>Infatabs) . . . . .     | 43  |  |     |
| phenytoin sodium extended cap 100 mg . . . . .                 | 43  |  |     |
| phenytoin sodium extended cap 200 mg . . . . .                 | 43  |  |     |

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| pitavastatin calcium tab 1 mg  | 154 | Ponvory Starter Pack (ponesimod)  | 176 |
| pitavastatin calcium tab 2 mg  | 154 | posaconazole susp 40 mg/ml  | 59  |
| pitavastatin calcium tab 4 mg  | 154 | posaconazole tab delayed release 100 mg   | 59  |
| Plaquenil (hydroxychloroquine sulfate)                                     | 82  | pot & sod citrates w/ cit ac soln 550-500-334<br>mg/5ml (Pot & Sod Cit-Cit Ac)                | 231 |
| Plavix (clopidogrel bisulfate)   | 126 | pot & sod citrates w/ cit ac soln 550-500-334<br>mg/5ml (Tricitrates)                         | 231 |
| Plegridy (peginterferon beta-1a)   | 176 | pot phos monobasic w/sod phos di & monobas<br>tab 155-852-130mg (Phospha 250 Neutral)         | 231 |
| Plegridy Starter Pack (peginterferon beta-1a)                              | 176 | pot phos monobasic w/sod phos di & monobas<br>tab 155-852-130mg (Phospho-Trin 250<br>Neutral) | 231 |
| Plenvu (peg 3350-kcl-nacl-na sulfate-na<br>ascorbate-ascorbic acid)        | 215 | pot phos monobasic w/sod phos di & monobas<br>tab 155-852-130mg (Phosphorous)                 | 231 |
| plerixafor subcutaneous inj 24 mg/1.2ml (20<br>mg/ml)                      | 124 | pot phos monobasic w/sod phos di & monobas<br>tab 155-852-130mg (Virt-Phos 250 Neutral)       | 231 |
| Plexion (sulfacetamide sodium w/ sulfur)                                   | 192 | pot phos monobasic w/sod phos di & monobas<br>tab 155-852-130mg (Wes-Phos 250 Neutral)        | 231 |
| Plexion Cleanser (sulfacetamide sodium w/<br>sulfur)                       | 192 | potassium bicarbonate effer tab 25 meq (Effer-<br>K)  | 202 |
| Plexion Cleansing Cloth (sulfacetamide sodium<br>w/ sulfur)                | 192 | potassium bicarbonate effer tab 25 meq (K-<br>Prime)  | 202 |
| PNV Tabs 20-1 (prenatal vit w/ fe bisglycinate<br>chelate-folic acid)      | 201 | potassium bicarbonate effer tab 25 meq (Klor-<br>Con/ef)                                      | 202 |
| PNV Tabs 29-1 (prenatal vit w/ iron carbonyl-<br>folic acid)               | 201 | potassium chloride cap er 10 meq (Potassium<br>Chloride ER)                                   | 202 |
| PNV-DHA (prenatal without a w/ fe fumarate-l<br>methylfolate-fa-dha)       | 201 | potassium chloride cap er 8 meq (Potassium<br>Chloride ER)                                    | 202 |
| PNV-DHA+Docusate (prenatal w/o vit a w/ fe<br>fumarate-dss-fa-dha)         | 201 | Potassium Chloride ER   | 202 |
| PNV-Omega (prenatal without a w/ fe<br>fumarate-l methylfolate-fa-omega 3) | 201 | potassium chloride microencapsulated crys er<br>tab 10 meq (Klor-Con M10)                     | 202 |
| PNV-Select (prenatal vit w/ ferrous fumarate-l<br>methylfolate-folic acid) | 202 | potassium chloride microencapsulated crys er<br>tab 10 meq (Potassium Chloride Crys ER)       | 202 |
| Pocket Chamber   | 291 | potassium chloride microencapsulated crys er<br>tab 15 meq (Klor-Con M15)                     | 202 |
| Pocket Spacer  | 291 | potassium chloride microencapsulated crys er<br>tab 15 meq (Potassium Chloride Crys ER)       | 202 |
| Podofilox  | 192 | potassium chloride microencapsulated crys er<br>tab 20 meq (Klor-Con M20)                     | 202 |
| podofilox gel 0.5%   | 192 | potassium chloride microencapsulated crys er<br>tab 20 meq (Potassium Chloride Crys ER)       | 202 |
| podofilox soln 0.5%  | 192 |   |     |
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| polymyxin b-trimethoprim ophth soln 10000<br>unit/ml-0.1%                  | 297 |   |     |
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| potassium chloride oral soln 20% (40 meq/15ml).....                                       | 203 | pramipexole dihydrochloride tab er 24hr 2.25 mg (Pramipexole Dihydrochloride ER).....           | 85  |
| potassium chloride powder packet 20 meq (Klor-Con).....                                   | 203 | pramipexole dihydrochloride tab er 24hr 3 mg (Pramipexole Dihydrochloride ER).....              | 86  |
| potassium chloride tab er 10 meq (Klor-Con 10).....                                       | 203 | pramipexole dihydrochloride tab er 24hr 3.75 mg (Pramipexole Dihydrochloride ER).....           | 86  |
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| potassium chloride tab er 20 meq (1500 mg) (Potassium Chloride ER).....                   | 203 | Pramosone (pramoxine-hc).....   | 192 |
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| potassium chloride tab er 8 meq (600 mg) (Potassium Chloride ER).....                     | 203 | prasugrel hcl tab 5 mg (base equiv).....  | 126 |
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| potassium citrate tab er 15 meq (1620 mg) (Potassium Citrate ER).....                     | 203 | pravastatin sodium tab 20 mg.....   | 155 |
| potassium citrate tab er 5 meq (540 mg) (Potassium Citrate ER).....                       | 203 | pravastatin sodium tab 40 mg.....   | 155 |
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| topiramate cap er 24hr sprinkle 200 mg<br>(Topiramate ER).....          | 38  | tramadol hcl tab er 24hr biphasic release 100<br>mg (traMADol HCl (ER Biphasic)).....       | 11  |
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| tretinoin gel 0.05%   | 181 | triamterene & hydrochlorothiazide tab 37.5-25<br>mg (Triamterene-HCTZ) | 150 |
| tretinoin microsphere gel 0.04%   | 181 | triamterene & hydrochlorothiazide tab 75-50<br>mg (Triamterene-HCTZ)   | 150 |
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| Tri-Vite/Fluoride (pediatric vitamins acid w/<br>fluoride)              | 213 | trientine hcl cap 250 mg (Clovique)                                    | 210 |
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| trihexyphenidyl hcl tab 2 mg  | 83  | Truseltiq (100MG Daily Dose) (infigratinib phosphate)          | 78  |
| trihexyphenidyl hcl tab 5 mg  | 83  | Truseltiq (125MG Daily Dose) (infigratinib phosphate)          | 78  |
| Trijardy XR (empagliflozin-linagliptin-metformin)                       | 114 | Truseltiq (50MG Daily Dose) (infigratinib phosphate)           | 78  |
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## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://blueshieldca.com/notices). You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

### Grievances

You can file a grievance online, by mail, or by phone. If you need help, call Customer Service at **(800) 393-6130 (TTY: 711)**. [blueshieldca.com/grievance](https://blueshieldca.com/grievance).

### Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en [blueshieldca.com/notices](https://blueshieldca.com/notices). Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

### Reclamos

Puede hacer un reclamo por Internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711)**. [blueshieldca.com/grievance](https://blueshieldca.com/grievance).

### 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 [blueshieldca.com/notices](https://blueshieldca.com/notices)。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

### 申訴

線上：您可透過線上、郵遞或電話來提出申訴。如果您需要幫助，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711)**。[blueshieldca.com/grievance](https://blueshieldca.com/grievance)。

# Blue Shield of California Life & Health Insurance Company

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

**Blue Shield of California Life & Health Insurance Company Civil Rights Coordinator**  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007  
**Phone: (844) 831-4133 (TTY: 711)**  
**Fax: (844) 696-6070**  
**Email: BlueShieldCivilRightsCoordinator@blueshieldca.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. You can file a grievance with:

California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street, South Tower  
Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at

**[www.insurance.ca.gov/01-consumers/101-help](http://www.insurance.ca.gov/01-consumers/101-help)**

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F, HHH Building  
Washington, DC 20201

(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at

**[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

# Notice of the Availability of Language Assistance Services

## Blue Shield of California Life & Health Insurance Company

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**免費語言服務。** 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

**Անվճար Լեզվական Ծառայություններ:** Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

**خدمات مجانی مربوط به زبان.** میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian



**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាភាគីតិចថ្លៃ** ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمة بدون تكلفة.** يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

**Doo bááh ílínígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'dooígí hólóq̄doo nínízingo éí bííghah. Naaltsoos naanináhájeehígí shich'í' yíidooltah éí doodagó ía' shich'í' ádoolníí nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóo námbóo éí díí ninaaltsoos dootł'ízhígí bee néího'dílzínígí bine'dée' bikáá' éí doodagó éí (866)346-7198jí' hodiílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bił haz'áají' 1-800-927-4357jí' hodiílnih. Navajo

**ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ.** ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian

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