



# **2022 Bright HealthCare Formulary**

(List of Covered Drugs)

Individual and Family Plans

**Texas**

**PLEASE READ: This document contains information about the drugs Bright HealthCare covers in their Individual and Family plans.**

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact us at 833-726-0670 or visit [www.brighthealthcare.com](http://www.brighthealthcare.com).

# Welcome to Bright

**Enclosed you will find a list of the drugs included in our Bright HealthCare Individual and Family plans from January 1, 2022 - December 31, 2022.**

As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our Individual and Family plans . For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

As a Bright HealthCare member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1<sup>st</sup> and from time to time during the 2022 calendar year.

Sincerely,  
Your Bright HealthCare Team

# Frequently Asked Questions:

## What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright HealthCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright HealthCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a Bright HealthCare network pharmacy.

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. These types of changes may occur without notice to you. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. To get updated information about the drugs covered by Bright HealthCare, please contact us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

### 1. Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical condition they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

### 2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of the formulary. The Index provides an alphabetical list of all drugs included in this document. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Bright HealthCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Bright HealthCare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright HealthCare before you fill your prescriptions. If you don't get approval, Bright HealthCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright HealthCare limits the amount of the drug that we will cover. For example, Bright HealthCare provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright HealthCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright HealthCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright HealthCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our website, [www.brighthealthcare.com](http://www.brighthealthcare.com). We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

You can ask Bright HealthCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Bright HealthCare Formulary?" for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Bright HealthCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Bright HealthCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright HealthCare.

- You can ask Bright HealthCare to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Bright HealthCare Formulary?**

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright HealthCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Bright HealthCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

## **For more information**

If you have questions about Bright HealthCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

## **Our Formulary (drug list)**

The formulary below provides coverage information about the drugs covered by our Bright HealthCare Individual and Family plans. If you have trouble finding your drug in the list, turn to the Index at the end of the formulary.

The first column of the chart lists the drug name. Brand name drugs are capitalized, and generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here is what the drug tier tells you.

- Tier 1: Preventative drugs with no member cost share under the Affordable Care Act
- Tier 2: Preferred Generic Drugs
- Tier 3: Non-Preferred Generic Drugs; Preferred Brand Drugs
- Tier 4: Non-Preferred Generic Drugs; Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs
- Tier 6: \$0 Generic Drugs\*

\*Note: The \$0 drug list does not apply to all plans. Check your summary of benefits to determine if your plan qualifies.

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug. Requirements/Limits are defined as:

| Formulary Designation | Requirement/ Limit                     | Description                                                                                                                                                                                                 |
|-----------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACA</b>            | Affordable Care Act Preventative Drugs | Affordable Care Act (ACA) preventative health drugs, that are available at no cost share to you, including contraceptive drugs and devices.                                                                 |
| <b>AGE</b>            | Age Limit                              | The drug is limited to a certain age range. If your age falls outside of this range, Prior Authorization is required.                                                                                       |
| <b>OTC</b>            | Over the Counter                       | These drugs are also available for purchase without a Prescription. In order to receive them through your Prescription benefits, you must have a Prescription from your Prescribing provider.               |
| <b>PA</b>             | Prior Authorization                    | You (or your physician) are required to get prior authorization from Bright HealthCare before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.  |
| <b>SP</b>             | Specialty Pharmacy                     | The drug is only available through select specialty pharmacies.                                                                                                                                             |
| <b>ST</b>             | Step therapy                           | Before Bright HealthCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. |
| <b>QL</b>             | Quantity Limit                         | Bright HealthCare limits the amount of this drug that is covered per prescription, or within a specific time frame.                                                                                         |

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| Prescription Drug Name                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Analgesic, Anti-inflammatory or Antipyretic</b>                                                                             |           |                                  |
| <b>Analgesic Opioid Agonists</b>                                                                                               |           |                                  |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>                                                                                | Tier 2    |                                  |
| DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML                                                                           | Tier 2    |                                  |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>                                                                           | Tier 3    | PA; ST; QL (20 EA per 30 days)   |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>                                           | Tier 3    | PA; ST; QL (10 EA per 30 days)   |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                        | Tier 4    | PA; ST; QL (60 EA per 30 days)   |
| <i>hydromorphone oral liquid 1 mg/ml</i>                                                                                       | Tier 2    |                                  |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>                                                                              | Tier 2    | QL (240 EA per 30 days)          |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>                                                     | Tier 4    | PA; ST; QL (30 EA per 30 days)   |
| <i>hydromorphone oral tablet extended release 24 hr 32 mg</i>                                                                  | Tier 4    | PA; ST; QL (60 EA per 30 days)   |
| <i>hydromorphone rectal suppository 3 mg</i>                                                                                   | Tier 4    |                                  |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                                                   | Tier 2    | ST                               |
| <i>methadone injection solution 10 mg/ml</i>                                                                                   | Tier 2    | ST                               |
| <i>methadone intensol oral concentrate 10 mg/ml</i>                                                                            | Tier 2    | ST                               |
| <i>methadone oral concentrate 10 mg/ml</i>                                                                                     | Tier 2    | ST                               |
| <i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                                           | Tier 2    | ST                               |
| <i>methadone oral tablet 10 mg</i>                                                                                             | Tier 2    | ST; QL (240 EA per 30 days)      |
| <i>methadone oral tablet 5 mg</i>                                                                                              | Tier 2    | ST                               |
| <i>methadone oral tablet, soluble 40 mg</i>                                                                                    | Tier 2    | ST; QL (27 EA per 90 days)       |
| <i>methadose oral tablet, soluble 40 mg</i>                                                                                    | Tier 2    | ST; QL (27 EA per 90 days)       |
| <i>morphine (pf) in 0.9 % sod chl injection syringe 2 mg/2 ml (1 mg/ml)</i>                                                    | Tier 2    |                                  |
| <i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i> | Tier 2    |                                  |
| <i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>                                                  | Tier 2    |                                  |

| <b>Prescription Drug Name</b>                                                                                | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <b><i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i></b>                                            | Tier 2           |                                         |
| <b><i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i></b>                                      | Tier 2           |                                         |
| <b><i>morphine injection solution 4 mg/ml</i></b>                                                            | Tier 2           |                                         |
| <b><i>morphine injection syringe 4 mg/ml</i></b>                                                             | Tier 2           |                                         |
| <b><i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i></b>                      | Tier 2           |                                         |
| <b><i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i></b>                                                | Tier 2           |                                         |
| <b><i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i></b>                                        | Tier 2           |                                         |
| <b><i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i></b>                                        | Tier 2           |                                         |
| <b>MORPHINE ORAL TABLET 15 MG, 30 MG</b>                                                                     | Tier 2           | QL (180 EA per 30 days)                 |
| <b><i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i></b>                              | Tier 2           | ST; QL (90 EA per 30 days)              |
| <b><i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i></b>                                                 | Tier 4           |                                         |
| <b><i>morphine rectal suppository 30 mg</i></b>                                                              | Tier 3           |                                         |
| <b><i>oxycodone oral concentrate 20 mg/ml</i></b>                                                            | Tier 2           |                                         |
| <b><i>oxycodone oral solution 5 mg/5 ml</i></b>                                                              | Tier 2           |                                         |
| <b><i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i></b>                                         | Tier 2           | QL (180 EA per 30 days)                 |
| <b><i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i></b>                              | Tier 3           | PA; ST; QL (60 EA per 30 days)          |
| <b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG</b>                       | Tier 3           | PA; ST; QL (60 EA per 30 days)          |
| <b><i>oxymorphone oral tablet 10 mg, 5 mg</i></b>                                                            | Tier 2           |                                         |
| <b><i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i></b> | Tier 4           | PA; ST                                  |
| <b><i>tramadol oral tablet 50 mg</i></b>                                                                     | Tier 2           | QL (240 EA per 30 days)                 |
| <b><i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i></b>                                     | Tier 2           | ST; QL (30 EA per 30 days)              |
| <b><i>tramadol oral tablet, er multiphase 24 hr 300 mg</i></b>                                               | Tier 2           | ST; QL (30 EA per 30 days)              |

| Prescription Drug Name                                                                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Analgesic Opioid Codeine Combinations</b>                                            |           |                                  |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>    | Tier 2    |                                  |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                           | Tier 2    | QL (390 EA per 30 days)          |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                      | Tier 2    | QL (180 EA per 30 days)          |
| <b>Analgesic Opioid Hydrocodone and NSAID Combinations</b>                              |           |                                  |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>                                      | Tier 2    | QL (50 EA per 30 days)           |
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>                                       | Tier 2    | QL (180 EA per 30 days)          |
| <b>Analgesic Opioid Hydrocodone Combinations</b>                                        |           |                                  |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i> | Tier 2    |                                  |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>            | Tier 2    | QL (180 EA per 30 days)          |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>                                      | Tier 2    | QL (50 EA per 30 days)           |
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>                           | Tier 2    | QL (180 EA per 30 days)          |
| <i>xylon 10 oral tablet 10-200 mg</i>                                                   | Tier 2    | QL (50 EA per 30 days)           |
| <b>Analgesic Opioid Oxycodone and Non-Salicylate Combinations</b>                       |           |                                  |
| <i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>                                        | Tier 2    | QL (180 EA per 30 days)          |
| <i>endocet oral tablet 2.5-325 mg</i>                                                   | Tier 2    |                                  |
| <b>Analgesic Opioid Oxycodone Combinations</b>                                          |           |                                  |
| <i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>                                        | Tier 2    | QL (180 EA per 30 days)          |
| <i>endocet oral tablet 2.5-325 mg</i>                                                   | Tier 2    |                                  |
| <i>endocet oral tablet 5-325 mg</i>                                                     | Tier 2    | QL (360 EA per 30 days)          |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                        | Tier 2    | QL (180 EA per 30 days)          |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>                                   | Tier 2    |                                  |

| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i>                                                           | Tier 2    | QL (360 EA per 30 days)          |
| <b>Analgesic Opioid Partial-Mixed Agonists</b>                                                                |           |                                  |
| BUPRENEX INJECTION SOLUTION 0.3 MG/ML                                                                         | Tier 2    | PA; ST                           |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>                                                         | Tier 2    | PA; ST                           |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>                                                          | Tier 2    | PA; ST                           |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | Tier 3    | PA; ST; QL (4 EA per 28 days)    |
| <b>Analgesic or Antipyretic Non-Opioid/Sedative Combinations</b>                                              |           |                                  |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                                         | Tier 4    |                                  |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>                                  | Tier 3    | QL (48 EA per 25 days)           |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                                 | Tier 3    | QL (180 EA per 30 days)          |
| <i>fioricet oral capsule 50-300-40 mg</i>                                                                     | Tier 3    | QL (48 EA per 25 days)           |
| <i>tencon oral tablet 50-325 mg</i>                                                                           | Tier 4    |                                  |
| <i>zebutal oral capsule 50-325-40 mg</i>                                                                      | Tier 3    | QL (48 EA per 25 days)           |
| <b>Anti-inflammatory - Interleukin-1 Receptor Antagonist</b>                                                  |           |                                  |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                                                                       | Tier 5    | PA; SP                           |
| <b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel</b>                                 |           |                                  |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                                          | Tier 5    | PA; SP                           |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                                       | Tier 5    | PA; SP                           |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                                                   | Tier 5    | PA; SP                           |

| <b>Prescription Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                        | Tier 5           | PA; SP                                  |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                       | Tier 5           | PA; SP                                  |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                                    | Tier 5           | PA; SP                                  |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | Tier 5           | PA; SP                                  |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | Tier 5           | PA; SP                                  |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | Tier 5           | PA; SP                                  |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML          | Tier 5           | PA; SP                                  |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML                    | Tier 5           | PA; SP                                  |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML                                                    | Tier 5           | PA; SP                                  |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML                                       | Tier 5           | PA; SP                                  |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML                                            | Tier 5           | PA; SP                                  |
| <b>DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents</b>                        |                  |                                         |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                            | Tier 5           | PA; SP                                  |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                         | Tier 5           | PA; SP                                  |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                                     | Tier 5           | PA; SP                                  |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)                                              | Tier 5           | PA; SP                                  |

| Prescription Drug Name                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)                                            | Tier 5    | PA; SP                           |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML                                              | Tier 5    | PA; SP                           |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                        | Tier 5    | PA; SP                           |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)                             | Tier 5    | PA; SP                           |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML               | Tier 5    | PA; SP                           |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML              | Tier 5    | PA; SP                           |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                           | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML                   | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                 | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                 | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 5    | PA; SP                           |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML           | Tier 5    | PA; SP                           |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML                                           | Tier 5    | PA; SP                           |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML                              | Tier 5    | PA; SP                           |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML                                   | Tier 5    | PA; SP                           |
| <b>DMARD - Antimetabolites</b>                                                         |           |                                  |
| <b><i>methotrexate sodium (pf) injection solution 25 mg/ml</i></b>                     | Tier 2    |                                  |
| <b><i>methotrexate sodium injection solution 25 mg/ml</i></b>                          | Tier 2    |                                  |

| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                        | Tier 2    |                                  |
| <b>DMARD - Immunosuppressives</b>                                                                    |           |                                  |
| <i>cyclosporine oral capsule 100 mg</i>                                                              | Tier 2    |                                  |
| <i>gengraf oral capsule 100 mg, 25 mg</i>                                                            | Tier 2    |                                  |
| <i>gengraf oral solution 100 mg/ml</i>                                                               | Tier 3    |                                  |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML                                                                   | Tier 5    | PA                               |
| <b>DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody</b>                         |           |                                  |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                                               | Tier 5    | PA; SP                           |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | Tier 5    | PA; SP                           |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                                           | Tier 5    | PA; SP                           |
| <b>DMARD - Janus Kinase (JAK) Inhibitors</b>                                                         |           |                                  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG                                        | Tier 5    | PA; SP                           |
| XELJANZ ORAL SOLUTION 1 MG/ML                                                                        | Tier 5    | PA; SP                           |
| XELJANZ ORAL TABLET 5 MG                                                                             | Tier 5    | PA; SP                           |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG                                                  | Tier 5    | PA; SP                           |
| <b>DMARD - Phosphodiesterase-4 (PDE4) Inhibitors</b>                                                 |           |                                  |
| OTEZLA ORAL TABLET 30 MG                                                                             | Tier 5    | PA; SP                           |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)  | Tier 5    | PA; SP                           |
| <b>DMARD - Pyrimidine Synthesis Inhibitors</b>                                                       |           |                                  |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                          | Tier 3    |                                  |
| <b>NSAID Analgesic and Prostaglandin Analog Combinations</b>                                         |           |                                  |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>       | Tier 3    |                                  |



| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors</b>             |           |                                  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>                               | Tier 3    | QL (60 EA per 30 days)           |
| <i>celecoxib oral capsule 400 mg</i>                                              | Tier 3    | QL (30 EA per 30 days)           |
| <b>NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives</b>         |           |                                  |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                   | Tier 3    |                                  |
| <i>mefenamic acid oral capsule 250 mg</i>                                         | Tier 3    |                                  |
| <b>NSAID Analgesics (COX Non-Specific) - Other</b>                                |           |                                  |
| <i>ketorolac oral tablet 10 mg</i>                                                | Tier 2    | QL (20 EA per 5 days)            |
| <i>nabumetone oral tablet 500 mg</i>                                              | Tier 2    | QL (120 EA per 30 days)          |
| <i>nabumetone oral tablet 750 mg</i>                                              | Tier 2    | QL (60 EA per 30 days)           |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                        | Tier 2    |                                  |
| <i>tolmetin oral tablet 200 mg</i>                                                | Tier 3    |                                  |
| <b>NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives</b>                   |           |                                  |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                        | Tier 2    |                                  |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                        | Tier 2    |                                  |
| <b>NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives</b>        |           |                                  |
| <i>diclofenac potassium oral tablet 50 mg</i>                                     | Tier 2    |                                  |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                | Tier 2    |                                  |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i> | Tier 2    |                                  |
| <b>NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives</b>           |           |                                  |
| <i>children's ibuprofen oral suspension 100 mg/5 ml</i>                           | Tier 2    | OTC                              |
| <i>children's profen ib oral suspension 100 mg/5 ml</i>                           | Tier 2    | OTC                              |
| <i>ec-naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>            | Tier 2    |                                  |
| <i>flurbiprofen oral tablet 100 mg</i>                                            | Tier 2    |                                  |



| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits  |
|------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>                                | Tier 2    |                                   |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>                                 | Tier 2    | OTC                               |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                          | Tier 2    |                                   |
| <i>ketoprofen oral capsule 50 mg</i>                                         | Tier 2    | QL (180 EA per 30 days)           |
| <i>ketoprofen oral capsule 75 mg</i>                                         | Tier 2    | QL (120 EA per 30 days)           |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                           | Tier 2    |                                   |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>          | Tier 2    |                                   |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                            | Tier 2    |                                   |
| <i>oxaprozin oral tablet 600 mg</i>                                          | Tier 2    | QL (60 EA per 30 days)            |
| <b>NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives</b> |           |                                   |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                  | Tier 2    |                                   |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                   | Tier 2    |                                   |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>    | Tier 4    |                                   |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                | Tier 2    |                                   |
| <b>Salicylate Analgesic and Sedative Combinations</b>                        |           |                                   |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                 | Tier 3    | QL (48 EA per 25 days)            |
| <b>Salicylate Analgesics</b>                                                 |           |                                   |
| <i>adult aspirin regimen oral tablet, delayed release (drlec) 81 mg</i>      | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>adult low dose aspirin oral tablet, delayed release (drlec) 81 mg</i>     | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>aspirin childrens oral tablet, chewable 81 mg</i>                         | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>aspirin oral tablet 325 mg</i>                                            | Tier 1    | OTC; ACA; QL (30 EA per 30 days)  |
| <i>aspirin oral tablet, chewable 81 mg</i>                                   | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>aspirin oral tablet, delayed release (drlec) 325 mg</i>                   | Tier 1    | OTC; ACA; QL (30 EA per 30 days)  |
| <i>aspirin oral tablet, delayed release (drlec) 81 mg</i>                    | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>aspir-trin oral tablet, delayed release (drlec) 325 mg</i>                | Tier 1    | OTC; ACA; QL (30 EA per 30 days)  |

| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits  |
|--------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>bayer aspirin oral tablet 325 mg</i>                                  | Tier 1    | OTC; ACA; QL (30 EA per 30 days)  |
| <i>bayer aspirin oral tablet, delayed release (drlec) 325 mg</i>         | Tier 1    | OTC; ACA; QL (30 EA per 30 days)  |
| <i>bayer low dose aspirin oral tablet, delayed release (drlec) 81 mg</i> | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>children's aspirin oral tablet, chewable 81 mg</i>                    | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>ecotrin oral tablet, delayed release (drlec) 325 mg</i>               | Tier 1    | OTC; ACA; QL (30 EA per 30 days)  |
| <i>salsalate oral tablet 500 mg</i>                                      | Tier 2    |                                   |
| <i>st joseph aspirin oral tablet, chewable 81 mg</i>                     | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>st. joseph aspirin oral tablet, delayed release (drlec) 81 mg</i>     | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <b>Anesthetics</b>                                                       |           |                                   |
| <b>General Anesthetic - Parenteral, Others</b>                           |           |                                   |
| AMIDATE INTRAVENOUS SOLUTION 2 MG/ML                                     | Tier 3    |                                   |
| <i>etomidate intravenous solution 2 mg/ml</i>                            | Tier 3    |                                   |
| <b>Local Anesthetic - Amides</b>                                         |           |                                   |
| <i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i>            | Tier 3    |                                   |
| <i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)</i>             | Tier 3    |                                   |
| <i>lidocaine (pf) injection solution 20 mg/ml (2 %)</i>                  | Tier 2    |                                   |
| <i>lidocaine topical ointment 5 %</i>                                    | Tier 2    | QL (150 GM per 90 days)           |
| SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (2.5 MG/ML)                    | Tier 3    |                                   |
| <b>Anorectal Preparations</b>                                            |           |                                   |
| <b>Anal Fissure Pain/Treatment Agents - Nitrates</b>                     |           |                                   |
| RECTIV RECTAL OINTMENT 0.4 % (W/W)                                       | Tier 5    |                                   |
| <b>Anorectal - Glucocorticoids</b>                                       |           |                                   |
| <i>hydrocortisone acetate rectal suppository 30 mg</i>                   | Tier 2    | QL (12 EA per 30 days)            |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>  | Tier 2    |                                   |

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i>      | Tier 2    |                                  |
| <i>procto-pak topical cream with perineal applicator 1 %</i>           | Tier 2    |                                  |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>       | Tier 2    |                                  |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i>      | Tier 2    |                                  |
| <b>Antidotes and other Reversal Agents</b>                             |           |                                  |
| <b>Chelating Agents - Copper</b>                                       |           |                                  |
| <i>penicillamine oral tablet 250 mg</i>                                | Tier 5    | PA; SP; QL (180 EA per 30 days)  |
| <b>Chelating Agents - Iron</b>                                         |           |                                  |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>     | Tier 5    | PA; SP                           |
| <i>deferiprone oral tablet 500 mg</i>                                  | Tier 5    | PA; SP                           |
| FERRIPROX ORAL SOLUTION 100 MG/ML                                      | Tier 5    | PA; SP                           |
| <b>Chelating Agents - Lead Poisoning</b>                               |           |                                  |
| CHEMET ORAL CAPSULE 100 MG                                             | Tier 5    |                                  |
| <b>Mu-Opioid Receptor Antagonists, Peripherally-Acting</b>             |           |                                  |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                    | Tier 4    | PA                               |
| SYMPROIC ORAL TABLET 0.2 MG                                            | Tier 4    | PA                               |
| <b>Opioid Reversal Agents - Opioid Antagonists</b>                     |           |                                  |
| <i>naloxone injection solution 0.4 mg/ml</i>                           | Tier 2    |                                  |
| <i>naloxone injection syringe 0.4 mg/ml</i>                            | Tier 2    |                                  |
| <i>naloxone injection syringe 1 mg/ml</i>                              | Tier 3    |                                  |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>                | Tier 3    | QL (4 EA per 30 days)            |
| <i>naltrexone oral tablet 50 mg</i>                                    | Tier 2    |                                  |
| <b>Anti-Infective Agents</b>                                           |           |                                  |
| <b>Aminoglycoside Antibiotic</b>                                       |           |                                  |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>          | Tier 2    |                                  |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i> | Tier 2    |                                  |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>              | Tier 2    |                                  |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>     | Tier 2    |                                  |

| Prescription Drug Name                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>neomycin oral tablet 500 mg</i>                                                                                       | Tier 2    |                                  |
| <i>streptomycin intramuscular recon soln 1 gram</i>                                                                      | Tier 2    |                                  |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                                                          | Tier 2    |                                  |
| <b>Aminopenicillin Antibiotic</b>                                                                                        |           |                                  |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                           | Tier 2    |                                  |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>                 | Tier 2    |                                  |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                            | Tier 2    |                                  |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                                                  | Tier 2    |                                  |
| <i>ampicillin oral capsule 500 mg</i>                                                                                    | Tier 2    |                                  |
| <b>Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations</b>                                                |           |                                  |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 2    |                                  |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>                                                    | Tier 2    |                                  |
| <i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>                                                                | Tier 2    | QL (28 EA per 14 days)           |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                                      | Tier 3    |                                  |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                                          | Tier 2    |                                  |
| <b>Anthelmintic Agents - Benzimidazole Derivatives</b>                                                                   |           |                                  |
| <i>albendazole oral tablet 200 mg</i>                                                                                    | Tier 4    | PA                               |
| EMVERM ORAL TABLET, CHEWABLE 100 MG                                                                                      | Tier 5    | QL (12 EA per 365 days)          |
| <b>Anthelmintic Agents - Macrocyclic Lactones</b>                                                                        |           |                                  |
| <i>ivermectin oral tablet 3 mg</i>                                                                                       | Tier 2    | QL (10 EA per 30 days)           |
| <b>Anthelmintic Agents Other</b>                                                                                         |           |                                  |
| <i>praziquantel oral tablet 600 mg</i>                                                                                   | Tier 5    | PA                               |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antibacterial Folate Antagonist - Other Combinations</b>                   |           |                                  |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>           | Tier 2    |                                  |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>        | Tier 2    |                                  |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i>                               | Tier 2    |                                  |
| <b>Antibacterial Folate Antagonist Others</b>                                 |           |                                  |
| <i>trimethoprim oral tablet 100 mg</i>                                        | Tier 2    |                                  |
| <b>Antibacterial Other</b>                                                    |           |                                  |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                             | Tier 3    |                                  |
| <b>Antifungal - Allylamines</b>                                               |           |                                  |
| <i>terbinafine hcl oral tablet 250 mg</i>                                     | Tier 2    |                                  |
| <b>Antifungal - Amphoteric Polyene</b>                                        |           |                                  |
| <b>Macrolides</b>                                                             |           |                                  |
| <i>nystatin oral tablet 500,000 unit</i>                                      | Tier 2    |                                  |
| <b>Antifungal - Fluorinated Pyrimidine-type Agents</b>                        |           |                                  |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                                | Tier 5    | PA                               |
| <b>Antifungal - Imidazoles</b>                                                |           |                                  |
| <i>ketconazole oral tablet 200 mg</i>                                         | Tier 2    |                                  |
| <b>Antifungal - Triazoles</b>                                                 |           |                                  |
| CRESEMBA ORAL CAPSULE 186 MG                                                  | Tier 5    | PA                               |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>      | Tier 2    |                                  |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                  | Tier 2    |                                  |
| <i>itraconazole oral capsule 100 mg</i>                                       | Tier 3    | PA                               |
| <i>itraconazole oral solution 10 mg/ml</i>                                    | Tier 5    | PA                               |
| <i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>               | Tier 5    | PA                               |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | Tier 5    | PA                               |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                 | Tier 5    | PA                               |
| <b>Antifungal other</b>                                                       |           |                                  |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                     | Tier 2    |                                  |
| <i>griseofulvin microsize oral tablet 500 mg</i>                              | Tier 3    |                                  |

| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>               | Tier 3    |                                  |
| <b>Anti-Infective Immunologic Adjuvants - Interferons</b>                   |           |                                  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                              | Tier 5    | PA; SP                           |
| <b>Antileprotic - Sulfone Agents</b>                                        |           |                                  |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                    | Tier 3    |                                  |
| <b>Antimalarial Combinations</b>                                            |           |                                  |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i>                          | Tier 2    |                                  |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i>                          | Tier 2    | QL (30 EA per 30 days)           |
| COARTEM ORAL TABLET 20-120 MG                                               | Tier 3    |                                  |
| <b>Antimalarials</b>                                                        |           |                                  |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                     | Tier 3    |                                  |
| <i>hydroxychloroquine oral tablet 200 mg</i>                                | Tier 2    |                                  |
| <i>mefloquine oral tablet 250 mg</i>                                        | Tier 2    |                                  |
| PRIMAQUINE ORAL TABLET 26.3 MG                                              | Tier 4    |                                  |
| <i>pyrimethamine oral tablet 25 mg</i>                                      | Tier 5    | PA; SP                           |
| <i>quinine sulfate oral capsule 324 mg</i>                                  | Tier 4    |                                  |
| <b>Antiprotozoal Agents - Other</b>                                         |           |                                  |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                               | Tier 5    | PA                               |
| IMPAVIDO ORAL CAPSULE 50 MG                                                 | Tier 5    | PA; QL (84 EA per 28 days)       |
| <b>Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives</b>  |           |                                  |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                       | Tier 5    | PA                               |
| <i>nitazoxanide oral tablet 500 mg</i>                                      | Tier 5    | PA                               |
| <b>Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole</b> |           |                                  |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>   | Tier 2    |                                  |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                             | Tier 2    |                                  |
| <b>Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole</b> |           |                                  |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                | Tier 2    |                                  |

| Prescription Drug Name                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiretroviral - CCR5 Co-Receptor Antagonist</b>                                 |           |                                  |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                                         | Tier 5    | QL (120 EA per 30 days)          |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                                    | Tier 5    | QL (1840 ML per 30 days)         |
| SELZENTRY ORAL TABLET 25 MG                                                         | Tier 5    | QL (240 EA per 30 days)          |
| SELZENTRY ORAL TABLET 75 MG                                                         | Tier 5    | QL (60 EA per 30 days)           |
| <b>Antiretroviral - HIV-1 Fusion Inhibitors</b>                                     |           |                                  |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                                                | Tier 5    | QL (60 EA per 30 days)           |
| <b>Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors</b>                  |           |                                  |
| ISENTRESS ORAL TABLET 400 MG                                                        | Tier 5    | QL (60 EA per 30 days)           |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                                        | Tier 5    | QL (60 EA per 30 days)           |
| TIVICAY ORAL TABLET 10 MG, 25 MG                                                    | Tier 5    | QL (60 EA per 30 days)           |
| TIVICAY ORAL TABLET 50 MG                                                           | Tier 5    | QL (30 EA per 30 days)           |
| <b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI)</b>          |           |                                  |
| EDURANT ORAL TABLET 25 MG                                                           | Tier 5    | QL (60 EA per 30 days)           |
| <i>efavirenz oral capsule 200 mg</i>                                                | Tier 5    | QL (90 EA per 30 days)           |
| <i>efavirenz oral capsule 50 mg</i>                                                 | Tier 5    | QL (360 EA per 30 days)          |
| <i>efavirenz oral tablet 600 mg</i>                                                 | Tier 5    | QL (30 EA per 30 days)           |
| <i>etravirine oral tablet 100 mg</i>                                                | Tier 5    | QL (120 EA per 30 days)          |
| <i>etravirine oral tablet 200 mg</i>                                                | Tier 5    | QL (60 EA per 30 days)           |
| INTELENCE ORAL TABLET 25 MG                                                         | Tier 5    | QL (480 EA per 30 days)          |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                                        | Tier 2    |                                  |
| <i>nevirapine oral tablet 200 mg</i>                                                | Tier 2    | QL (60 EA per 30 days)           |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>                         | Tier 3    |                                  |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>                         | Tier 3    | QL (30 EA per 30 days)           |
| SUSTIVA ORAL CAPSULE 200 MG                                                         | Tier 5    | QL (90 EA per 30 days)           |
| SUSTIVA ORAL CAPSULE 50 MG                                                          | Tier 5    | QL (360 EA per 30 days)          |
| <b>Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations</b>          |           |                                  |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | Tier 5    | QL (30 EA per 30 days)           |



| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                              |
|----------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------|
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                | Tier 5    | \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days) |
| <b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI)</b> |           |                                                                                               |
| <i>abacavir oral solution 20 mg/ml</i>                                     | Tier 5    | QL (900 ML per 30 days)                                                                       |
| <i>abacavir oral tablet 300 mg</i>                                         | Tier 4    | QL (60 EA per 30 days)                                                                        |
| <i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>      | Tier 2    |                                                                                               |
| <i>emtricitabine oral capsule 200 mg</i>                                   | Tier 5    | \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                             | Tier 5    |                                                                                               |
| <i>lamivudine oral solution 10 mg/ml</i>                                   | Tier 2    | QL (900 ML per 30 days)                                                                       |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                               | Tier 3    | QL (60 EA per 30 days)                                                                        |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                   | Tier 2    | QL (60 EA per 30 days)                                                                        |
| <i>zidovudine oral capsule 100 mg</i>                                      | Tier 2    | QL (180 EA per 30 days)                                                                       |
| <i>zidovudine oral syrup 10 mg/ml</i>                                      | Tier 2    | QL (1800 ML per 30 days)                                                                      |
| <i>zidovudine oral tablet 300 mg</i>                                       | Tier 2    | QL (60 EA per 30 days)                                                                        |
| <b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors</b> |           |                                                                                               |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                    | Tier 2    | \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                  | Tier 5    | QL (30 EA per 30 days)                                                                        |
| <b>Antiretroviral Combinations - Protease Inhibitors</b>                   |           |                                                                                               |
| KALETRA ORAL TABLET 100-25 MG                                              | Tier 5    | QL (360 EA per 30 days)                                                                       |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>                   | Tier 5    | QL (450 ML per 30 days)                                                                       |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                           | Tier 5    | QL (360 EA per 30 days)                                                                       |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                           | Tier 5    | QL (180 EA per 30 days)                                                                       |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                                        | Tier 5    | QL (30 EA per 30 days)                                                                        |



| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb</b> |           |                                  |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                               | Tier 5    | QL (30 EA per 30 days)           |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                       | Tier 5    | QL (30 EA per 30 days)           |
| <b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb</b> |           |                                  |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                             | Tier 5    | QL (30 EA per 30 days)           |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                           | Tier 2    | QL (60 EA per 30 days)           |
| TRIZIVIR ORAL TABLET 300-150-300 MG                                           | Tier 5    | QL (60 EA per 30 days)           |
| <b>Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI</b>   |           |                                  |
| COMPLERA ORAL TABLET 200-25-300 MG                                            | Tier 5    | QL (30 EA per 30 days)           |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>            | Tier 5    | QL (30 EA per 30 days)           |
| <b>Antitubercular - Aminobenzoic Acid Analogs</b>                             |           |                                  |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                              | Tier 4    |                                  |
| <b>Antitubercular - Diarylquinoline Antibiotics</b>                           |           |                                  |
| SIRTURO ORAL TABLET 100 MG                                                    | Tier 5    | PA; SP                           |
| <b>Antitubercular - Isonicotinic Acid Derivatives</b>                         |           |                                  |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                     | Tier 3    |                                  |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                   | Tier 2    |                                  |
| <b>Antitubercular - Niacinamide Derivatives</b>                               |           |                                  |
| <i>pyrazinamide oral tablet 500 mg</i>                                        | Tier 4    | PA                               |
| <b>Antitubercular - Rifamycin and Derivatives</b>                             |           |                                  |
| PRIFTIN ORAL TABLET 150 MG                                                    | Tier 3    |                                  |
| <i>rifabutin oral capsule 150 mg</i>                                          | Tier 2    | PA                               |
| <i>rifampin intravenous recon soln 600 mg</i>                                 | Tier 2    |                                  |

| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                              | Tier 2    |                                  |
| <b>Antitubercular Agents Other</b>                                                       |           |                                  |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                                             | Tier 2    |                                  |
| <b>Carbapenem Antibiotic Combinations</b>                                                |           |                                  |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>                         | Tier 4    |                                  |
| <b>Carbapenem Antibiotics (Thienamycins)</b>                                             |           |                                  |
| <i>meropenem intravenous recon soln 1 gram</i>                                           | Tier 5    |                                  |
| <b>Cephalosporin Antibiotics - 1st Generation</b>                                        |           |                                  |
| <i>cefadroxil oral capsule 500 mg</i>                                                    | Tier 2    |                                  |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | Tier 2    |                                  |
| <i>cefadroxil oral tablet 1 gram</i>                                                     | Tier 2    |                                  |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                            | Tier 2    |                                  |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>            | Tier 2    |                                  |
| <b>Cephalosporin Antibiotics - 2nd Generation</b>                                        |           |                                  |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                              | Tier 2    |                                  |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 2    |                                  |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | Tier 2    |                                  |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                              | Tier 2    |                                  |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | Tier 2    |                                  |
| <b>Cephalosporin Antibiotics - 3rd Generation</b>                                        |           |                                  |
| <i>cefdinir oral capsule 300 mg</i>                                                      | Tier 2    |                                  |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 2    |                                  |
| <i>cefixime oral capsule 400 mg</i>                                                      | Tier 3    |                                  |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>              | Tier 3    |                                  |

| Prescription Drug Name                                                          | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>  | Tier 2    |                                  |
| <i>cefepodoxime oral tablet 100 mg, 200 mg</i>                                  | Tier 2    |                                  |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | Tier 2    |                                  |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML                           | Tier 4    |                                  |
| <b>CMV Antiviral Agent - Nucleoside Analogs</b>                                 |           |                                  |
| <i>valganciclovir oral recon soln 50 mg/ml</i>                                  | Tier 5    | PA                               |
| <i>valganciclovir oral tablet 450 mg</i>                                        | Tier 4    | PA                               |
| <b>Fluoroquinolone Antibiotics</b>                                              |           |                                  |
| BAXDELA INTRAVENOUS RECON SOLN 300 MG                                           | Tier 5    | PA                               |
| BAXDELA ORAL TABLET 450 MG                                                      | Tier 5    | PA; QL (28 EA per 14 days)       |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML                            | Tier 4    |                                  |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML                            | Tier 2    |                                  |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>             | Tier 2    |                                  |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>             | Tier 4    |                                  |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                          | Tier 2    |                                  |
| <i>moxifloxacin oral tablet 400 mg</i>                                          | Tier 3    |                                  |
| <i>ofloxacin oral tablet 400 mg</i>                                             | Tier 2    |                                  |
| <b>Glycopeptide Antibiotics</b>                                                 |           |                                  |
| <i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>               | Tier 2    |                                  |
| <i>vancomycin intravenous recon soln 10 gram</i>                                | Tier 4    |                                  |
| <i>vancomycin oral capsule 125 mg, 250 mg</i>                                   | Tier 3    | QL (40 EA per 10 days)           |
| <b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral)</b>                    |           |                                  |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                       | Tier 3    | SP                               |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)                                   | Tier 4    | QL (1800 ML per 30 days)         |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>lamivudine oral tablet 100 mg</i>                                          | Tier 3    | QL (90 EA per 30 days)           |
| <b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral)</b>                  |           |                                  |
| <i>adefovir oral tablet 10 mg</i>                                             | Tier 5    | PA; SP                           |
| VEMLIDY ORAL TABLET 25 MG                                                     | Tier 5    | PA; SP                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                     | Tier 5    | QL (30 EA per 30 days)           |
| <b>Hepatitis C - Interferons</b>                                              |           |                                  |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                      | Tier 5    | SP                               |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                                   | Tier 5    | PA; SP                           |
| <b>Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb</b> |           |                                  |
| VOSEVI ORAL TABLET 400-100-100 MG                                             | Tier 5    | PA; SP                           |
| <b>Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations</b>          |           |                                  |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG                         | Tier 5    | PA; SP                           |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG                                     | Tier 5    | PA; SP                           |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG                        | Tier 5    | PA; SP                           |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                                      | Tier 5    | PA; SP                           |
| <b>Hepatitis C - Nucleoside Analogs</b>                                       |           |                                  |
| <i>ribavirin oral tablet 200 mg</i>                                           | Tier 4    |                                  |
| <b>Herpes Antiviral Agent - Purine Analogs</b>                                |           |                                  |
| <i>acyclovir oral capsule 200 mg</i>                                          | Tier 2    |                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                                  | Tier 2    |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                   | Tier 2    |                                  |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>                                | Tier 2    |                                  |
| <b>Herpes Antiviral Agent - Thymidine Analogs</b>                             |           |                                  |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                         | Tier 2    |                                  |

| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Influenza Antiviral Agents - Neuraminidase Inhibitors</b>                      |           |                                  |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>                               | Tier 2    | QL (10 EA per 5 days)            |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>                     | Tier 2    | QL (120 ML per 5 days)           |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION                   | Tier 3    | QL (20 EA per 5 days)            |
| <b>Influenza-A Antiviral Agents</b>                                               |           |                                  |
| <i>rimantadine oral tablet 100 mg</i>                                             | Tier 2    |                                  |
| <b>Lincosamide Antibiotics</b>                                                    |           |                                  |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                         | Tier 2    |                                  |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>                           | Tier 2    |                                  |
| <b>Macrolide Antibiotics</b>                                                      |           |                                  |
| <i>azithromycin intravenous recon soln 500 mg</i>                                 | Tier 2    |                                  |
| <i>azithromycin oral packet 1 gram</i>                                            | Tier 2    |                                  |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>   | Tier 2    |                                  |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                            | Tier 2    |                                  |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 2    |                                  |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                  | Tier 2    |                                  |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                   | Tier 2    |                                  |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                               | Tier 5    | PA                               |
| DIFICID ORAL TABLET 200 MG                                                        | Tier 5    | PA                               |
| <i>e.e.s. 400 oral tablet 400 mg</i>                                              | Tier 4    |                                  |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                                | Tier 4    |                                  |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                             | Tier 4    |                                  |
| <i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>                   | Tier 4    |                                  |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                    | Tier 4    |                                  |
| <i>erythromycin oral tablet, delayed release (drlec) 333 mg</i>                   | Tier 4    |                                  |

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Misc Anti-Infective</b>                                             |           |                                  |
| <i>methenamine hippurate oral tablet 1 gram</i>                        | Tier 2    |                                  |
| NEBUPENT INHALATION RECON SOLN 300 MG                                  | Tier 2    |                                  |
| PENTAM INJECTION RECON SOLN 300 MG                                     | Tier 4    |                                  |
| <i>pentamidine inhalation recon soln 300 mg</i>                        | Tier 2    |                                  |
| <i>pentamidine injection recon soln 300 mg</i>                         | Tier 4    |                                  |
| <b>Oxazolidinone Antibiotics</b>                                       |           |                                  |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>        | Tier 5    |                                  |
| <i>linezolid oral tablet 600 mg</i>                                    | Tier 3    | QL (60 EA per 30 days)           |
| SIVEXTRO ORAL TABLET 200 MG                                            | Tier 5    | PA                               |
| <b>Penicillin Antibiotic - Natural</b>                                 |           |                                  |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | Tier 2    |                                  |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>               | Tier 2    |                                  |
| <b>Penicillin Antibiotic - Penicillinase-resistant</b>                 |           |                                  |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                       | Tier 2    |                                  |
| <b>Polymyxins and Derivatives - Single Agents</b>                      |           |                                  |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>           | Tier 2    |                                  |
| <b>Protease Inhibitors (Non-Peptidic) Antiretroviral</b>               |           |                                  |
| APTIVUS ORAL CAPSULE 250 MG                                            | Tier 5    | QL (120 EA per 30 days)          |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                                    | Tier 5    | QL (30 EA per 30 days)           |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                     | Tier 5    | QL (480 ML per 30 days)          |
| PREZISTA ORAL TABLET 150 MG                                            | Tier 5    | QL (240 EA per 30 days)          |
| PREZISTA ORAL TABLET 600 MG                                            | Tier 5    | QL (60 EA per 30 days)           |
| PREZISTA ORAL TABLET 75 MG                                             | Tier 5    | QL (480 EA per 30 days)          |
| PREZISTA ORAL TABLET 800 MG                                            | Tier 5    | QL (30 EA per 30 days)           |
| <b>Protease Inhibitors (Peptidic) Antiretroviral</b>                   |           |                                  |
| <i>atazanavir oral capsule 150 mg, 200 mg</i>                          | Tier 5    | QL (60 EA per 30 days)           |
| <i>atazanavir oral capsule 300 mg</i>                                  | Tier 5    | QL (30 EA per 30 days)           |

| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits          |
|------------------------------------------------------------------------------|-----------|-------------------------------------------|
| <i>fosamprenavir oral tablet 700 mg</i>                                      | Tier 5    | QL (120 EA per 30 days)                   |
| INVIRASE ORAL TABLET 500 MG                                                  | Tier 5    | QL (120 EA per 30 days)                   |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                              | Tier 5    | QL (1575 ML per 28 days)                  |
| NORVIR ORAL SOLUTION 80 MG/ML                                                | Tier 5    | QL (450 ML per 30 days)                   |
| <i>ritonavir oral tablet 100 mg</i>                                          | Tier 5    | QL (360 EA per 30 days)                   |
| VIRACEPT ORAL TABLET 250 MG                                                  | Tier 5    | QL (300 EA per 30 days)                   |
| VIRACEPT ORAL TABLET 625 MG                                                  | Tier 5    | QL (120 EA per 30 days)                   |
| <b>Rifamycins and Related Derivative Antibiotics</b>                         |           |                                           |
| XIFAXAN ORAL TABLET 200 MG                                                   | Tier 5    | PA; QL (27 EA per 90 days)                |
| XIFAXAN ORAL TABLET 550 MG                                                   | Tier 5    | PA; QL (180 EA per 90 days)               |
| <b>SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors</b>          |           |                                           |
| PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG                             | Tier 4    | QL (20 EA per 1 FILL); Age (Min 12 Years) |
| PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG             | Tier 4    | QL (30 EA per 1 FILL); Age (Min 12 Years) |
| <b>SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors</b>                |           |                                           |
| <i>lagevrio (eua) oral capsule 200 mg</i>                                    | Tier 4    | QL (40 EA per 1 FILL); Age (Min 18 Years) |
| <b>Sulfonamide Antibiotic</b>                                                |           |                                           |
| <i>sulfadiazine oral tablet 500 mg</i>                                       | Tier 4    |                                           |
| <b>Tetracycline Antibiotics</b>                                              |           |                                           |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                             | Tier 3    |                                           |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                        | Tier 2    |                                           |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                | Tier 2    |                                           |
| <i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>            | Tier 3    |                                           |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 2    |                                           |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>              | Tier 3    |                                           |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                         | Tier 2    |                                           |
| <i>mondoxylene nl oral capsule 100 mg</i>                                    | Tier 3    |                                           |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                              | Tier 3    |                                           |



| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Variola (Smallpox) Virus Antiviral Agents</b>                              |           |                                  |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG                                | Tier 4    |                                  |
| <b>Antineoplastics</b>                                                        |           |                                  |
| <b>Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib</b> |           |                                  |
| <i>lapatinib oral tablet 250 mg</i>                                           | Tier 5    | PA; SP                           |
| <b>Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor</b>         |           |                                  |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                                   | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <i>erlotinib oral tablet 25 mg</i>                                            | Tier 5    | PA; SP; QL (60 EA per 30 days)   |
| <b>Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor</b>         |           |                                  |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                      | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates</b>                   |           |                                  |
| <i>busulfan intravenous solution 60 mg/10 ml</i>                              | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Alkylating Agent - Methylhydrazines</b>                   |           |                                  |
| MATULANE ORAL CAPSULE 50 MG                                                   | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Alkylating Agent - Nitrogen Mustards</b>                  |           |                                  |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>         | Tier 5    | SP                               |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                             | Tier 2    | SP                               |
| <i>ifosfamide intravenous recon soln 1 gram</i>                               | Tier 2    | SP                               |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>             | Tier 2    | SP                               |
| LEUKERAN ORAL TABLET 2 MG                                                     | Tier 5    | PA; SP                           |
| <i>melphalan hcl intravenous recon soln 50 mg</i>                             | Tier 4    | PA; SP                           |
| <i>melphalan oral tablet 2 mg</i>                                             | Tier 4    | PA                               |



| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antineoplastic - Alkylating Agent - Nitrosoureas</b>                            |           |                                  |
| <i>carmustine intravenous recon soln 100 mg</i>                                    | Tier 2    | SP                               |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                                        | Tier 5    | PA; SP                           |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG                                                 | Tier 3    | SP                               |
| <b>Antineoplastic - Alkylating Agent - Triazenes</b>                               |           |                                  |
| <i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>                           | Tier 4    | PA                               |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG                                              | Tier 5    | PA; SP                           |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>       | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors</b>                |           |                                  |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                                | Tier 5    | PA; SP; QL (60 EA per 30 days)   |
| ZYKADIA ORAL TABLET 150 MG                                                         | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Antiadrenals</b>                                               |           |                                  |
| LYSODREN ORAL TABLET 500 MG                                                        | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Antiandrogens</b>                                              |           |                                  |
| <i>abiraterone oral tablet 250 mg</i>                                              | Tier 5    | PA; SP; QL (120 EA per 30 days)  |
| <i>abiraterone oral tablet 500 mg</i>                                              | Tier 5    | PA; SP; QL (60 EA per 30 days)   |
| <i>bicalutamide oral tablet 50 mg</i>                                              | Tier 2    |                                  |
| <i>flutamide oral capsule 125 mg</i>                                               | Tier 3    |                                  |
| <i>nilutamide oral tablet 150 mg</i>                                               | Tier 5    | PA; SP                           |
| NUBEQA ORAL TABLET 300 MG                                                          | Tier 5    | PA; SP; QL (120 EA per 30 days)  |
| XTANDI ORAL CAPSULE 40 MG                                                          | Tier 5    | PA; SP; QL (120 EA per 30 days)  |
| XTANDI ORAL TABLET 40 MG, 80 MG                                                    | Tier 5    | PA; SP; QL (120 EA per 30 days)  |
| <b>Antineoplastic - Antimetabolite - Folic Acid Analogs</b>                        |           |                                  |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>                        | Tier 2    |                                  |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i> | Tier 5    | PA; SP                           |

| Prescription Drug Name                                                                                                             | Drug Tier | Coverage Requirements and Limits                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|
| <b>Antineoplastic - Antimetabolite - Purine Analogs</b>                                                                            |           |                                                                 |
| <i>mercaptopurine oral tablet 50 mg</i>                                                                                            | Tier 2    |                                                                 |
| TABLOID ORAL TABLET 40 MG                                                                                                          | Tier 5    | PA; SP                                                          |
| <b>Antineoplastic - Antimetabolite - Pyrimidine Analogs</b>                                                                        |           |                                                                 |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i>                                                                                 | Tier 2    |                                                                 |
| <i>capecitabine oral tablet 150 mg</i>                                                                                             | Tier 5    | PA; SP; QL (120 EA per 30 days)                                 |
| <i>capecitabine oral tablet 500 mg</i>                                                                                             | Tier 5    | PA; SP; QL (300 EA per 30 days)                                 |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>                               | Tier 2    | SP                                                              |
| <i>cytarabine injection solution 20 mg/ml</i>                                                                                      | Tier 2    | SP                                                              |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i>                                                | Tier 2    |                                                                 |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>                                                                   | Tier 4    | PA; SP                                                          |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | Tier 4    | PA; SP                                                          |
| <b>Antineoplastic - Antimetabolite - Urea Derivatives</b>                                                                          |           |                                                                 |
| <i>hydroxyurea oral capsule 500 mg</i>                                                                                             | Tier 2    |                                                                 |
| <b>Antineoplastic - Aromatase Inhibitors</b>                                                                                       |           |                                                                 |
| <i>anastrozole oral tablet 1 mg</i>                                                                                                | Tier 2    | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day) |
| <i>exemestane oral tablet 25 mg</i>                                                                                                | Tier 3    | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day) |
| <i>letrozole oral tablet 2.5 mg</i>                                                                                                | Tier 2    | QL (30 EA per 30 days)                                          |
| <b>Antineoplastic - BRAF Kinase Inhibitors</b>                                                                                     |           |                                                                 |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                                                                                 | Tier 5    | PA; SP; QL (120 EA per 30 days)                                 |
| ZELBORAF ORAL TABLET 240 MG                                                                                                        | Tier 5    | PA; SP; QL (240 EA per 30 days)                                 |
| <b>Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor</b>                                                                   |           |                                                                 |
| IMBRUVICA ORAL CAPSULE 70 MG                                                                                                       | Tier 5    | PA; SP; QL (30 EA per 30 days)                                  |

| Prescription Drug Name                                               | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------|-----------|----------------------------------|
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                   | Tier 5    | PA; SP; QL (240 ML per 30 days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG                 | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <b>Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors</b> |           |                                  |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                           | Tier 5    | PA; SP; QL (21 EA per 28 days)   |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                            | Tier 5    | PA; SP; QL (21 EA per 28 days)   |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                          | Tier 5    | PA; SP; QL (21 EA per 28 days)   |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                          | Tier 5    | PA; SP; QL (42 EA per 28 days)   |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                          | Tier 5    | PA; SP; QL (63 EA per 28 days)   |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                   | Tier 5    | PA; SP; QL (56 EA per 28 days)   |
| <b>Antineoplastic - Epipodophyllotoxins</b>                          |           |                                  |
| <i>etoposide intravenous solution 20 mg/ml</i>                       | Tier 2    |                                  |
| <i>teniposide intravenous solution 50 mg/5 ml</i>                    | Tier 3    | SP                               |
| <i>toposar intravenous solution 20 mg/ml</i>                         | Tier 2    |                                  |
| <b>Antineoplastic - Estrogen Receptor Antagonist</b>                 |           |                                  |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i>                 | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Estrogens</b>                                    |           |                                  |
| EMCYT ORAL CAPSULE 140 MG                                            | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Histone deacetylase (HDAC) inhibitors</b>        |           |                                  |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG                             | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Janus Kinase (JAK) Inhibitors</b>                |           |                                  |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                  | Tier 5    | PA; SP; QL (60 EA per 30 days)   |

| Prescription Drug Name                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants</b> |           |                                  |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG                              | Tier 5    | PA; SP                           |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG                            | Tier 5    | PA; SP                           |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                              | Tier 5    | PA; SP                           |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG                              | Tier 5    | PA; SP                           |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                             | Tier 5    | PA; SP                           |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                            | Tier 5    | PA; SP                           |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG                  | Tier 5    | PA; SP                           |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG                    | Tier 5    | PA; SP                           |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG                    | Tier 5    | PA; SP                           |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG                             | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Mast Cell Stabilizers</b>                             |           |                                  |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                              | Tier 4    |                                  |
| <b>Antineoplastic - MEK1 and MEK2 Kinase Inhibitors</b>                   |           |                                  |
| MEKINIST ORAL TABLET 0.5 MG                                               | Tier 5    | PA; SP; QL (90 EA per 30 days)   |
| MEKINIST ORAL TABLET 2 MG                                                 | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <b>Antineoplastic - mTOR Kinase Inhibitors</b>                            |           |                                  |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>       | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>  | Tier 5    | PA; SP                           |
| <b>Antineoplastic - Multikinase Inhibitors</b>                            |           |                                  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                            | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <i>sorafenib oral tablet 200 mg</i>                                       | Tier 5    | PA; SP; QL (120 EA per 30 days)  |

| Prescription Drug Name                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors</b>                            |           |                                  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                                                        | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <b>Antineoplastic - Platinum Complexes</b>                                                              |           |                                  |
| <i>carboplatin intravenous solution 10 mg/ml</i>                                                        | Tier 2    | SP                               |
| <i>cisplatin intravenous solution 1 mg/ml</i>                                                           | Tier 2    | SP                               |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>                                                 | Tier 2    | SP                               |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>                             | Tier 2    | SP                               |
| <b>Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors</b>                                  |           |                                  |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                                     | Tier 5    | PA; SP; QL (120 EA per 30 days)  |
| <b>Antineoplastic - Progestins</b>                                                                      |           |                                  |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                                               | Tier 2    |                                  |
| <b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors</b>                                              |           |                                  |
| BOSULIF ORAL TABLET 100 MG                                                                              | Tier 5    | PA; SP; QL (90 EA per 30 days)   |
| BOSULIF ORAL TABLET 400 MG, 500 MG                                                                      | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| CAPRELSA ORAL TABLET 100 MG                                                                             | Tier 5    | PA; SP; QL (60 EA per 30 days)   |
| CAPRELSA ORAL TABLET 300 MG                                                                             | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| <i>imatinib oral tablet 100 mg</i>                                                                      | Tier 5    | PA; SP; QL (90 EA per 30 days)   |
| <i>imatinib oral tablet 400 mg</i>                                                                      | Tier 5    | PA; SP; QL (60 EA per 30 days)   |
| IMBRUVICA ORAL CAPSULE 140 MG                                                                           | Tier 5    | PA; SP; QL (60 EA per 30 days)   |
| IMBRUVICA ORAL CAPSULE 70 MG                                                                            | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                                                      | Tier 5    | PA; SP; QL (240 ML per 30 days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG                                                    | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| INLYTA ORAL TABLET 1 MG, 5 MG                                                                           | Tier 5    | PA; SP                           |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG                                                        | Tier 5    | PA; SP; QL (30 EA per 30 days)   |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | Tier 5    | PA; SP; QL (90 EA per 30 days)   |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)          | Tier 5    | PA; SP; QL (60 EA per 30 days)   |

| Prescription Drug Name                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG                                                                                                              | Tier 5    | PA; SP                                     |
| <i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>                                                                                                                | Tier 5    | PA; SP; QL (30 EA per 30 days)             |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG                                                                                                                                  | Tier 5    | PA; SP                                     |
| VOTRIENT ORAL TABLET 200 MG                                                                                                                                                 | Tier 5    | PA; SP; QL (120 EA per 30 days)            |
| <b>Antineoplastic - Retinoids</b>                                                                                                                                           |           |                                            |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                                                                                                                        | Tier 5    | PA; SP                                     |
| <b>Antineoplastic - Selective Estrogen Receptor Modulators (SERMs)</b>                                                                                                      |           |                                            |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                                                                                                                   | Tier 1    | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA |
| <i>toremifene oral tablet 60 mg</i>                                                                                                                                         | Tier 5    | PA; SP                                     |
| <b>Antineoplastic - Selective Inhibitors of Nuclear Export (SINE)</b>                                                                                                       |           |                                            |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)                                                                                                                            | Tier 5    | PA; SP                                     |
| <b>Antineoplastic - Selective Retinoid X Receptor Agonists</b>                                                                                                              |           |                                            |
| <i>bexarotene oral capsule 75 mg</i>                                                                                                                                        | Tier 5    | PA; SP                                     |
| <b>Antineoplastic - Taxanes</b>                                                                                                                                             |           |                                            |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | Tier 5    | PA; SP                                     |
| <b>Antineoplastic - Thalidomide Analogs</b>                                                                                                                                 |           |                                            |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>                                                                                                                 | Tier 5    | PA; SP; QL (28 EA per 28 days)             |
| <i>lenalidomide oral capsule 20 mg, 25 mg</i>                                                                                                                               | Tier 5    | PA; SP; QL (21 EA per 28 days)             |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                                                                                                                | Tier 5    | PA; SP; QL (21 EA per 21 days)             |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 5 MG                                                                                                                                    | Tier 5    | PA; SP; QL (28 EA per 28 days)             |
| REVLIMID ORAL CAPSULE 25 MG                                                                                                                                                 | Tier 5    | PA; SP; QL (21 EA per 28 days)             |

| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antineoplastic Antibiotic - Anthracyclines</b>                                     |           |                                  |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | Tier 2    |                                  |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>                      | Tier 2    | SP                               |
| <i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>                     | Tier 2    | SP                               |
| <i>idarubicin intravenous solution 1 mg/ml</i>                                        | Tier 2    | SP                               |
| <b>Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody</b>           |           |                                  |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG                                               | Tier 5    | PA; SP                           |
| <b>Methotrexate Rescue Agents - Folic Acid Antagonist Type</b>                        |           |                                  |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                       | Tier 3    |                                  |
| <b>Urinary Tract Protective Agents used in conjunction with Chemotherapy</b>          |           |                                  |
| MESNEX ORAL TABLET 400 MG                                                             | Tier 3    | PA                               |
| <b>Antiseptics and Disinfectants</b>                                                  |           |                                  |
| <b>Antiseptic - Alcohols</b>                                                          |           |                                  |
| ALCOHOL PADS TOPICAL PADS, MEDICATED                                                  | Tier 3    | OTC                              |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED                                             | Tier 3    | OTC                              |
| ALCOHOL SWABS TOPICAL PADS, MEDICATED                                                 | Tier 3    | OTC                              |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED                                                 | Tier 3    | OTC                              |
| BD ALCOHOL SWABS TOPICAL PADS, MEDICATED                                              | Tier 3    | OTC                              |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED                                    | Tier 3    | OTC                              |
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED                                          | Tier 3    | OTC                              |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED                                    | Tier 3    | OTC                              |



| <b>Prescription Drug Name</b>                                              | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>         |
|----------------------------------------------------------------------------|------------------|-------------------------------------------------|
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED                           | Tier 3           | OTC                                             |
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED                       | Tier 3           | OTC                                             |
| INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED                             | Tier 3           | OTC                                             |
| IV PREP WIPES TOPICAL PADS, MEDICATED                                      | Tier 3           | OTC                                             |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED                           | Tier 3           | OTC                                             |
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED                          | Tier 3           | OTC                                             |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED                     | Tier 3           | OTC                                             |
| SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED                        | Tier 3           | OTC                                             |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED                          | Tier 3           | OTC                                             |
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED                      | Tier 3           | OTC                                             |
| ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED                               | Tier 3           | OTC                                             |
| WEBCOL TOPICAL PADS, MEDICATED                                             | Tier 3           | OTC                                             |
| <b>Biologicals</b>                                                         |                  |                                                 |
| <b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV)</b> |                  |                                                 |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML                     | Tier 5           | PA; SP                                          |
| <b>Hepatitis A and Hepatitis B Vaccine Combinations</b>                    |                  |                                                 |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML               | Tier 1           | ACA; QL (4 ML per 365 days); Age (Min 18 Years) |
| <b>Hepatitis A Vaccine - Single Agents</b>                                 |                  |                                                 |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML                      | Tier 1           | ACA; QL (2 ML per 365 days); Age (Min 18 Years) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML                    | Tier 1           | ACA                                             |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML                         | Tier 1           | ACA                                             |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML                             | Tier 1           | ACA; QL (2 ML per 365 days); Age (Min 18 Years) |



| Prescription Drug Name                                                                                                                            | Drug Tier | Coverage Requirements and Limits                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML                                                                                                   | Tier 1    | ACA                                               |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML                                                                                                       | Tier 1    | ACA; QL (2 ML per 365 days); Age (Min 18 Years)   |
| <b>Hepatitis B Vaccines - Single Agents</b>                                                                                                       |           |                                                   |
| ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                                                                                                  | Tier 1    | ACA                                               |
| ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML                                                                                                     | Tier 1    | ACA                                               |
| ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                                                                                       | Tier 1    | ACA                                               |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                                                                                               | Tier 1    | ACA; QL (1 ML per 365 days); Age (Min 18 Years)   |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML                                                                                                | Tier 1    | ACA; QL (3 ML per 365 days); Age (Min 18 Years)   |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML                                                                                  | Tier 1    | ACA; QL (3 ML per 365 days); Age (Min 18 Years)   |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML                                                                                          | Tier 1    | ACA                                               |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML                                                                                                | Tier 1    | ACA; QL (3 ML per 365 days); Age (Min 18 Years)   |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML                                                                                             | Tier 1    | ACA                                               |
| <b>Immune Globulin - gamma globulin (IgG), human</b>                                                                                              |           |                                                   |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | Tier 5    | PA; SP                                            |
| <b>Live Vaccine and Live Virus Formulations</b>                                                                                                   |           |                                                   |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML                                                                                       | Tier 1    | ACA                                               |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML                                                                                                                | Tier 1    | ACA                                               |
| <b>Toxoid Vaccine Combinations</b>                                                                                                                |           |                                                   |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                                                           | Tier 1    | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |

| <b>Prescription Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>           |
|----------------------------------------------------------------------------------------------|------------------|---------------------------------------------------|
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML      | Tier 1           | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                            | Tier 1           | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                               | Tier 1           | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML           | Tier 1           | ACA                                               |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR<br>SYRINGE 25-58-10 LF-MCG-LF/0.5ML                       | Tier 1           | ACA                                               |
| KINRIX (PF) INTRAMUSCULAR SYRINGE<br>25 LF-58 MCG-10 LF/0.5 ML                               | Tier 1           | ACA                                               |
| PEDIARIX (PF) INTRAMUSCULAR<br>SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML                        | Tier 1           | ACA                                               |
| PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML | Tier 1           | ACA                                               |
| PENTACEL DTAP-IPV COMPNT (PF)<br>INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML      | Tier 1           | ACA                                               |
| QUADRACEL (PF) INTRAMUSCULAR<br>SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML                     | Tier 1           | ACA                                               |
| TDVAX INTRAMUSCULAR SUSPENSION<br>2-2 LF UNIT/0.5 ML                                         | Tier 1           | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML                          | Tier 1           | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                                     | Tier 1           | ACA; QL (0.5 ML per 365 days); Age (Min 18 Years) |
| TETANUS,DIPHThERIA TOX PED(PF)<br>INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML               | Tier 1           | ACA                                               |
| <b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)</b>                               |                  |                                                   |
| ACTHIB (PF) INTRAMUSCULAR RECON<br>SOLN 10 MCG/0.5 ML                                        | Tier 1           | ACA                                               |
| HIBERIX (PF) INTRAMUSCULAR RECON<br>SOLN 10 MCG/0.5 ML                                       | Tier 1           | ACA                                               |

| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits                                                        |
|-----------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------|
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML                 | Tier 1    | ACA                                                                                     |
| PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | Tier 1    | ACA                                                                                     |
| <b>Vaccine Bacterial - Gram Negative Cocci</b>                        |           |                                                                                         |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML                     | Tier 1    | ACA; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)                      |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML                   | Tier 1    | ACA; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)                      |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML         | Tier 1    | ACA; QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)                        |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML    | Tier 1    | ACA; QL (1 ML per 365 days); Age (Min 11 Years and Max 23 Years)                        |
| <b>Vaccine Bacterial - Gram Positive Cocci</b>                        |           |                                                                                         |
| PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML                         | Tier 1    | \$0 COPAY IF 65 YEARS OF AGE OR OLDER; ACA; QL (0.5 ML per 365 days); Age (Min 2 Years) |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML                          | Tier 1    | \$0 COPAY IF 65 YEARS OF AGE OR OLDER; ACA; QL (0.5 ML per 365 days); Age (Min 2 Years) |
| PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML                          | Tier 1    | ACA; QL (0.5 ML per 365 days)                                                           |
| <b>Vaccine Bacterial - Meningococcal Group B Vaccines</b>             |           |                                                                                         |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML                  | Tier 1    | ACA; QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)                        |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML                         | Tier 1    | ACA; QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)                      |
| <b>Vaccine Viral - COVID-19 (SARS-CoV-2)</b>                          |           |                                                                                         |
| COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML     | Tier 1    | ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)                                        |
| JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML        | Tier 1    | ACA; QL (1 ML per 365 days); Age (Min 18 Years)                                         |

| <b>Prescription Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                                                              |
|------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
| MODERNA COVID BIVAL(6Y UP)(PF)<br>INTRAMUSCULAR SUSPENSION 50<br>MCG/0.5 ML                    | Tier 1           | ACA; QL (0.5 ML per 365 days); Age<br>(Min 6 Years)                                                  |
| MODERNA COVID(6M-5Y) VACC(EUA)<br>INTRAMUSCULAR SUSPENSION 25<br>MCG/0.25 ML                   | Tier 1           | AGE: 6 MONTHS TO 5 YEARS; ACA;<br>QL (0.25 ML per 24 days)                                           |
| MODERNA COVID-19 (6-11YR)(EUA)<br>INTRAMUSCULAR SUSPENSION 50<br>MCG/0.5 ML                    | Tier 1           | ACA; QL (0.5 ML per 24 days); Age<br>(Min 6 Years and Max 11 Years)                                  |
| MODERNA COVID-19 VACCINE (EUA)<br>INTRAMUSCULAR SUSPENSION 100<br>MCG/0.5 ML                   | Tier 1           | ACA; QL (0.5 ML per 24 days); Age<br>(Min 12 Years)                                                  |
| NOVAVAX COVID-19 VACC,ADJ(EUA)<br>INTRAMUSCULAR SUSPENSION 5<br>MCG/0.5 ML                     | Tier 1           | ACA; QL (0.5 ML per 17 days); Age<br>(Min 12 Years)                                                  |
| PFIZER COVID-19 TRIS VACCN(PF)<br>INTRAMUSCULAR SUSPENSION 30<br>MCG/0.3 ML                    | Tier 1           | ACA; QL (0.3 ML per 17 days); Age<br>(Min 12 Years)                                                  |
| PFIZER COVID-19 TRIS VACCN(PF)<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 10 MCG/0.2 ML | Tier 1           | ACA; QL (0.2 ML per 17 days); Age<br>(Min 5 Years and Max 11 Years)                                  |
| PFIZER COVID-19 TRIS VACCN(PF)<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 3 MCG/0.2 ML  | Tier 1           | AGE: 6 MONTHS TO 4 YEARS; ACA;<br>QL (0.2 ML per 17 days)                                            |
| PFIZER COVID-19 VACCINE (EUA)<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 30 MCG/0.3 ML  | Tier 1           | ACA; QL (0.3 ML per 17 days); Age<br>(Min 12 Years)                                                  |
| SPIKEVAX (PF) INTRAMUSCULAR<br>SUSPENSION 100 MCG/0.5 ML                                       | Tier 1           | ACA; QL (0.5 ML per 24 days); Age<br>(Min 12 Years)                                                  |
| <b>Vaccine Viral - Human<br/>Papillomavirus (HPV) Vaccines</b>                                 |                  |                                                                                                      |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SUSPENSION 0.5 ML                                             | Tier 1           | \$0 COPAY IF AGE 9-26 YEARS;<br>ACA; QL (1.5 ML per 365 days); Age<br>(Min 9 Years and Max 44 Years) |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                                | Tier 1           | \$0 COPAY IF AGE 9-26 YEARS;<br>ACA; QL (1.5 ML per 365 days); Age<br>(Min 9 Years and Max 44 Years) |
| <b>Vaccine Viral - Influenza A and B</b>                                                       |                  |                                                                                                      |
| AFLURIA QD 2022-23(3YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 60 MCG (15<br>MCG X 4)/0.5 ML          | Tier 1           | ACA; QL (0.5 ML per 180 days)                                                                        |

| <b>Prescription Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>              |
|------------------------------------------------------------------------------------------|------------------|------------------------------------------------------|
| AFLURIA QUAD 2022-2023(6MO UP)<br>INTRAMUSCULAR SUSPENSION 60 MCG<br>(15 MCG X 4)/0.5 ML | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLUAD QUAD 2022-23(65Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 60 MCG (15<br>MCG X 4)/0.5 ML    | Tier 1           | ACA; QL (0.5 ML per 180 days); Age<br>(Min 65 Years) |
| FLUARIX QUAD 2022-2023 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG (15<br>MCG X 4)/0.5 ML       | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLUBLOK QUAD 2022-2023 (PF)<br>INTRAMUSCULAR SYRINGE 180 MCG (45<br>MCG X 4)/0.5 ML      | Tier 1           | ACA; QL (0.5 ML per 180 days); Age<br>(Min 18 Years) |
| FLUCELVAX QUAD 2022-2023 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG (15<br>MCG X 4)/0.5 ML     | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLUCELVAX QUAD 2022-2023<br>INTRAMUSCULAR SUSPENSION 60 MCG<br>(15 MCG X 4)/0.5 ML       | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLULAVAL QUAD 2022-2023 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG (15<br>MCG X 4)/0.5 ML      | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLUMIST QUAD 2022-2023 NASAL NASAL<br>SPRAY SYRINGE 10EXP6.5-7.5 FF<br>UNIT/0.2 ML       | Tier 1           | ACA; QL (1 EA per 180 days)                          |
| FLUZONE HIGHDOSE QUAD 22-23 PF<br>INTRAMUSCULAR SYRINGE 240 MCG/0.7<br>ML                | Tier 1           | ACA; QL (0.7 ML per 180 days); Age<br>(Min 65 Years) |
| FLUZONE QUAD 2022-2023 (PF)<br>INTRAMUSCULAR SUSPENSION 60 MCG<br>(15 MCG X 4)/0.5 ML    | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLUZONE QUAD 2022-2023 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG (15<br>MCG X 4)/0.5 ML       | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| FLUZONE QUAD 2022-2023<br>INTRAMUSCULAR SUSPENSION 60 MCG<br>(15 MCG X 4)/0.5 ML         | Tier 1           | ACA; QL (0.5 ML per 180 days)                        |
| <b>Vaccine Viral - Poliomyelitis</b>                                                     |                  |                                                      |
| IPOL INJECTION SUSPENSION 40-8-32<br>UNIT/0.5 ML                                         | Tier 1           | ACA                                                  |

| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| <b>Vaccine Viral - Varicella</b>                                                                   |           |                                                 |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML                            | Tier 1    | ACA; QL (2 EA per 365 days); Age (Min 50 Years) |
| SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG                   | Tier 1    | ACA; QL (2 EA per 365 days); Age (Min 50 Years) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML                          | Tier 1    | ACA; QL (2 EA per 365 days); Age (Min 18 Years) |
| <b>Vaccine Viral Combinations</b>                                                                  |           |                                                 |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML                                   | Tier 1    | ACA; QL (2 EA per 365 days); Age (Min 18 Years) |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5              | Tier 1    | ACA                                             |
| <b>Cardiovascular Therapy Agents</b>                                                               |           |                                                 |
| <b>ACE Inhibitor and Calcium Channel Blocker Combinations</b>                                      |           |                                                 |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 2    |                                                 |
| <b>ACE Inhibitor and Diuretic Combinations</b>                                                     |           |                                                 |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>      | Tier 2    |                                                 |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                               | Tier 6    |                                                 |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                           | Tier 2    |                                                 |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                 | Tier 6    |                                                 |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                  | Tier 2    |                                                 |
| <b>ACE Inhibitors</b>                                                                              |           |                                                 |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                            | Tier 6    |                                                 |
| <i>captopril oral tablet 100 mg, 12.5 mg</i>                                                       | Tier 2    |                                                 |
| <i>captopril oral tablet 25 mg, 50 mg</i>                                                          | Tier 6    |                                                 |



| Prescription Drug Name                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                           | Tier 6    |                                  |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                                                         | Tier 2    |                                  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                                                    | Tier 6    |                                  |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                                    | Tier 6    |                                  |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                 | Tier 2    |                                  |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                                          | Tier 2    |                                  |
| <b>Aldosterone Receptor Antagonists</b>                                                                                   |           |                                  |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                                                    | Tier 2    |                                  |
| <b>Alpha-Beta Blockers</b>                                                                                                |           |                                  |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                                           | Tier 2    |                                  |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                                                       | Tier 6    |                                  |
| <b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb.</b>                                                |           |                                  |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                             | Tier 3    | ST                               |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i>                                                     | Tier 6    |                                  |
| <i>amlodipine-valsartan oral tablet 10-320 mg</i>                                                                         | Tier 2    |                                  |
| <b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic</b>                                             |           |                                  |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | Tier 3    |                                  |
| <i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>     | Tier 3    |                                  |
| <b>Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations</b>                                                        |           |                                  |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                        | Tier 3    | QL (30 EA per 30 days)           |

| Prescription Drug Name                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                  | Tier 6    |                                  |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                          | Tier 6    |                                  |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                          | Tier 2    | QL (30 EA per 30 days)           |
| <i>telmisartan-hydrochlorothiazide oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                         | Tier 3    | QL (30 EA per 30 days)           |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 2    |                                  |
| <b>Angiotensin II Receptor Blocker-<br/>Neprilysin Inhibitor Comb. (ARNi)</b>                               |           |                                  |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                                          | Tier 3    | QL (60 EA per 30 days)           |
| <b>Angiotensin II Receptor Blockers<br/>(ARBs)</b>                                                          |           |                                  |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                     | Tier 3    | QL (30 EA per 30 days)           |
| <i>eprosartan oral tablet 600 mg</i>                                                                        | Tier 3    | QL (30 EA per 30 days)           |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                         | Tier 2    | QL (30 EA per 30 days)           |
| <i>losartan oral tablet 100 mg</i>                                                                          | Tier 2    | QL (30 EA per 30 days)           |
| <i>losartan oral tablet 25 mg, 50 mg</i>                                                                    | Tier 2    | QL (60 EA per 30 days)           |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>                                                            | Tier 3    | QL (30 EA per 30 days)           |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                          | Tier 2    | QL (30 EA per 30 days)           |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>                                                           | Tier 2    | QL (60 EA per 30 days)           |
| <i>valsartan oral tablet 320 mg</i>                                                                         | Tier 2    | QL (30 EA per 30 days)           |
| <b>Antianginal - Coronary Vasodilators<br/>(Nitrates)</b>                                                   |           |                                  |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                           | Tier 2    |                                  |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                      | Tier 2    |                                  |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                       | Tier 2    |                                  |
| NITRO-BID TRANSDERMAL OINTMENT 2 %                                                                          | Tier 4    |                                  |



| <b>Prescription Drug Name</b>                                                                                                                                                                     | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                                                                                                                          | Tier 4           |                                         |
| <i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i> | Tier 2           |                                         |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>                                                                                                                                     | Tier 2           |                                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>                                                                                                     | Tier 2           |                                         |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>                                                                                                                                | Tier 2           |                                         |
| <i>nitro-time oral capsule, extended release 9 mg</i>                                                                                                                                             | Tier 2           |                                         |
| <b>Antianginal and Anti-ischemic Agents, Non-hemodynamic</b>                                                                                                                                      |                  |                                         |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>                                                                                                                             | Tier 3           | PA; QL (60 EA per 30 days)              |
| <b>Antiarrhythmic - Class Ia</b>                                                                                                                                                                  |                  |                                         |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                                                                                                                         | Tier 3           |                                         |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG                                                                                                                                                  | Tier 4           |                                         |
| <i>procainamide injection solution 100 mg/ml</i>                                                                                                                                                  | Tier 2           |                                         |
| <i>procainamide intravenous syringe 100 mg/ml</i>                                                                                                                                                 | Tier 2           |                                         |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                                                                                                                                    | Tier 4           |                                         |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                                                                                                                               | Tier 2           |                                         |
| <b>Antiarrhythmic - Class Ib</b>                                                                                                                                                                  |                  |                                         |
| <i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>                                                                                                                                         | Tier 2           |                                         |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                                                                                                                                             | Tier 2           |                                         |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>                                                                                                                                             | Tier 2           |                                         |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>                                                                                                                                              | Tier 2           |                                         |

| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiarrhythmic - Class Ic</b>                                               |           |                                  |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                            | Tier 2    |                                  |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | Tier 4    |                                  |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                          | Tier 2    |                                  |
| <b>Antiarrhythmic - Class II</b>                                               |           |                                  |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                        | Tier 2    |                                  |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>                            | Tier 2    |                                  |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                       | Tier 2    |                                  |
| <b>Antiarrhythmic - Class III</b>                                              |           |                                  |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>                           | Tier 2    |                                  |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                       | Tier 4    |                                  |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>                             | Tier 2    |                                  |
| <b>Antiarrhythmic - Class IV</b>                                               |           |                                  |
| <i>verapamil intravenous solution 2.5 mg/ml</i>                                | Tier 2    |                                  |
| <i>verapamil intravenous syringe 2.5 mg/ml</i>                                 | Tier 2    |                                  |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                              | Tier 6    |                                  |
| <b>Antihyperlipidemic - Bile Acid Sequestrants</b>                             |           |                                  |
| <i>cholestyramine (with sugar) oral powder 4 gram</i>                          | Tier 2    | QL (378 GM per 30 days)          |
| <i>cholestyramine light oral powder 4 gram</i>                                 | Tier 2    |                                  |
| <i>colesevelam oral tablet 625 mg</i>                                          | Tier 3    |                                  |
| <i>colestipol oral granules 5 gram</i>                                         | Tier 3    |                                  |
| <i>colestipol oral tablet 1 gram</i>                                           | Tier 3    |                                  |
| <i>prevalite oral powder 4 gram</i>                                            | Tier 2    |                                  |
| <b>Antihyperlipidemic - Fibric Acid Derivatives</b>                            |           |                                  |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>        | Tier 2    |                                  |

| <b>Prescription Drug Name</b>                                               | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                                                                       |
|-----------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------|
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>               | Tier 2           |                                                                                                               |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                | Tier 2           |                                                                                                               |
| <i>fenofibric acid (choline) oral capsule, delayed release(drlec) 45 mg</i> | Tier 2           |                                                                                                               |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i>                            | Tier 2           |                                                                                                               |
| <i>gemfibrozil oral tablet 600 mg</i>                                       | Tier 2           |                                                                                                               |
| <b>Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)</b>          |                  |                                                                                                               |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                                | Tier 6           | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA |
| <i>atorvastatin oral tablet 40 mg</i>                                       | Tier 6           |                                                                                                               |
| <i>atorvastatin oral tablet 80 mg</i>                                       | Tier 6           | QL (30 EA per 30 days)                                                                                        |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                           | Tier 6           | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                   | Tier 6           | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>                                 | Tier 2           | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>                                | Tier 2           |                                                                                                               |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                    | Tier 6           | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA |
| <i>simvastatin oral tablet 80 mg</i>                                        | Tier 6           |                                                                                                               |
| <b>Antihyperlipidemic - Nicotinic Acid Derivatives</b>                      |                  |                                                                                                               |
| <i>niacin oral tablet 500 mg</i>                                            | Tier 2           |                                                                                                               |

| Prescription Drug Name                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antihyperlipidemic - Omega-3 Fatty Acid Type</b>                                                                                                    |           |                                  |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                                                                                                   | Tier 3    | QL (120 EA per 30 days)          |
| <b>Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb)</b>                                                                                 |           |                                  |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                                                                                                         | Tier 4    | PA; QL (2 ML per 28 days)        |
| <b>Antihyperlipidemic - PCSK9 Inhibitors</b>                                                                                                           |           |                                  |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML                                                                                             | Tier 4    | PA; QL (2 ML per 28 days)        |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML                                                                                        | Tier 4    | PA; QL (3.5 ML per 30 days)      |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                                                                                                  | Tier 4    | PA                               |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                                                                                                         | Tier 4    | PA; QL (2 ML per 28 days)        |
| <b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor</b>                                                                                 |           |                                  |
| <i>ezetimibe oral tablet 10 mg</i>                                                                                                                     | Tier 2    | QL (30 EA per 30 days)           |
| <b>Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker</b>                                                                             |           |                                  |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | Tier 3    |                                  |
| <b>Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit</b>                                                                          |           |                                  |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                                                                        | Tier 3    | ST                               |
| <b>Beta Blockers Cardiac Selective</b>                                                                                                                 |           |                                  |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                                       | Tier 6    |                                  |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                                                                              | Tier 2    |                                  |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                                                                                     | Tier 2    |                                  |

| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>              | Tier 2    |                                  |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>                                                | Tier 2    |                                  |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                              | Tier 6    |                                  |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                  | Tier 4    | ST                               |
| <b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity</b>                               |           |                                  |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                                            | Tier 2    |                                  |
| <b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity</b>                             |           |                                  |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                  | Tier 2    |                                  |
| <b>Beta Blockers Non-Cardiac Selective</b>                                                               |           |                                  |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                           | Tier 2    |                                  |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>                     | Tier 2    |                                  |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                              | Tier 2    |                                  |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                         | Tier 6    |                                  |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                    | Tier 2    |                                  |
| <b>Bradykinin B2 Receptor Antagonists</b>                                                                |           |                                  |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>                                                         | Tier 5    | PA; SP                           |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i>                                                           | Tier 5    | PA; SP                           |
| <b>Calcium Channel Blockers - Benzothiazepines</b>                                                       |           |                                  |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>                      | Tier 2    |                                  |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>                        | Tier 2    |                                  |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>                           | Tier 2    |                                  |
| <i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 2    |                                  |

| <b>Prescription Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>       | Tier 2           |                                         |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                         | Tier 6           |                                         |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>       | Tier 2           |                                         |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                            | Tier 2           |                                         |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>           | Tier 2           |                                         |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>          | Tier 2           |                                         |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 2           |                                         |
| <b>Calcium Channel Blockers - Dihydropyridines</b>                                                   |                  |                                         |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                    | Tier 6           |                                         |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                             | Tier 2           |                                         |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                          | Tier 2           |                                         |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>                              | Tier 2           |                                         |
| <i>nifedipine oral tablet extended release 60 mg, 90 mg</i>                                          | Tier 2           |                                         |
| <b>Calcium Channel Blockers - Phenylalkylamines</b>                                                  |                  |                                         |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                             | Tier 2           |                                         |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>                          | Tier 2           |                                         |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>                                          | Tier 2           | QL (30 EA per 30 days)                  |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                 | Tier 2           |                                         |

| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb.</b>                 |           |                                  |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                            | Tier 2    |                                  |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>      | Tier 2    |                                  |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>          | Tier 3    |                                  |
| <b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents</b>                 |           |                                  |
| AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML                             | Tier 2    | QL (4 EA per 1 FILL)             |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 2    | QL (4 EA per 1 FILL)             |
| <b>Cardiovascular Sympathomimetics</b>                                                    |           |                                  |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                          | Tier 2    |                                  |
| <b>Central Alpha-2 Receptor Agonists</b>                                                  |           |                                  |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>                                           | Tier 6    |                                  |
| <i>clonidine hcl oral tablet 0.3 mg</i>                                                   | Tier 2    |                                  |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>        | Tier 3    |                                  |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                                  | Tier 2    |                                  |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                              | Tier 2    |                                  |
| <b>Digitalis Glycosides</b>                                                               |           |                                  |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                          | Tier 2    |                                  |
| <i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                            | Tier 2    |                                  |
| DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)                                              | Tier 2    |                                  |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                          | Tier 2    |                                  |
| <b>Direct Acting Vasodilators</b>                                                         |           |                                  |
| <i>hydralazine injection solution 20 mg/ml</i>                                            | Tier 2    |                                  |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                | Tier 2    |                                  |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                | Tier 2    |                                  |

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Diuretic - Carbonic Anhydrase Inhibitors</b>                        |           |                                  |
| <i>acetazolamide oral capsule, extended release 500 mg</i>             | Tier 2    | QL (60 EA per 30 days)           |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                        | Tier 2    |                                  |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                          | Tier 4    |                                  |
| <b>Diuretic - Loop</b>                                                 |           |                                  |
| <i>bumetanide injection solution 0.25 mg/ml</i>                        | Tier 2    |                                  |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                       | Tier 2    |                                  |
| <i>ethacrynic acid oral tablet 25 mg</i>                               | Tier 5    | PA                               |
| <i>furosemide injection solution 10 mg/ml</i>                          | Tier 2    |                                  |
| <i>furosemide injection syringe 10 mg/ml</i>                           | Tier 2    |                                  |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>         | Tier 2    |                                  |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                      | Tier 6    |                                  |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                | Tier 2    |                                  |
| <b>Diuretic - Potassium Sparing</b>                                    |           |                                  |
| <i>amiloride oral tablet 5 mg</i>                                      | Tier 2    |                                  |
| <b>Diuretic - Potassium Sparing-Thiazide and Related Combinations</b>  |           |                                  |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>               | Tier 2    |                                  |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>             | Tier 2    |                                  |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>          | Tier 2    |                                  |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 2    |                                  |
| <b>Diuretic - Thiazides and Related</b>                                |           |                                  |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                         | Tier 2    |                                  |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                        | Tier 6    |                                  |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>           | Tier 6    |                                  |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                          | Tier 6    |                                  |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                      | Tier 3    |                                  |



| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors</b>                      |           |                                  |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG                                                                  | Tier 3    | PA; QL (60 EA per 30 days)       |
| <b>PAH Agents - Selective Prostacyclin Receptor (IP) Agonists</b>                                  |           |                                  |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 5    | PA; SP                           |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)                                         | Tier 5    | PA; SP                           |
| <b>Peripheral Alpha-1 Receptor Blockers</b>                                                        |           |                                  |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                                | Tier 2    |                                  |
| <i>phenoxybenzamine oral capsule 10 mg</i>                                                         | Tier 5    | PA; SP                           |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                      | Tier 2    |                                  |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                              | Tier 2    |                                  |
| <b>Pulmonary Antihypertensive Agents - Prostacyclin-type</b>                                       |           |                                  |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG                       | Tier 5    | PA; SP                           |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML                                 | Tier 5    | PA; SP                           |
| <b>Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator</b>                      |           |                                  |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                             | Tier 5    | PA; SP                           |
| <b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists</b>                           |           |                                  |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                         | Tier 5    | PA; SP                           |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                        | Tier 5    | PA; SP                           |
| OPSUMIT ORAL TABLET 10 MG                                                                          | Tier 5    | PA; SP                           |
| <b>Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors</b>                            |           |                                  |
| <i>alyq oral tablet 20 mg</i>                                                                      | Tier 5    | PA; SP                           |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                                            | Tier 3    | PA                               |

| Prescription Drug Name                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>           | Tier 5    | PA; SP                           |
| <b>Renin Inhibitor, Direct</b>                                    |           |                                  |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>                       | Tier 3    | QL (30 EA per 30 days)           |
| <b>Central Nervous System Agents</b>                              |           |                                  |
| <b>Agents to Treat Episodic Cluster Headaches</b>                 |           |                                  |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | Tier 3    | PA                               |
| <b>Antianxiety Agent - Antihistamine Type</b>                     |           |                                  |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>  | Tier 2    |                                  |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                   | Tier 2    |                                  |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>            | Tier 2    |                                  |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>      | Tier 6    |                                  |
| <b>Antianxiety Agent - Benzodiazepines</b>                        |           |                                  |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>         | Tier 2    | QL (150 EA per 30 days)          |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>       | Tier 2    |                                  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                  | Tier 2    |                                  |
| <i>diazepam injection solution 5 mg/ml</i>                        | Tier 2    |                                  |
| <i>diazepam injection syringe 5 mg/ml</i>                         | Tier 2    |                                  |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                 | Tier 2    |                                  |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                     | Tier 2    |                                  |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                | Tier 2    | QL (150 ML per 30 days)          |
| <i>lorazepam oral concentrate 2 mg/ml</i>                         | Tier 2    | QL (150 ML per 30 days)          |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                   | Tier 2    |                                  |
| <b>Antianxiety Agent - Dicarbamate Type</b>                       |           |                                  |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                     | Tier 4    |                                  |
| <b>Antianxiety Agent - Non-Benzodiazepine</b>                     |           |                                  |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>    | Tier 2    |                                  |

| Prescription Drug Name                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists</b>                    |           |                                  |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                            | Tier 5    | PA                               |
| <b>Anticonvulsant - Barbiturates and Derivatives</b>                                |           |                                  |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                          | Tier 2    |                                  |
| <b>Anticonvulsant - Benzodiazepines</b>                                             |           |                                  |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                           | Tier 4    | PA                               |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                            | Tier 4    | PA                               |
| <b>Anticonvulsant - Carbamates</b>                                                  |           |                                  |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                        | Tier 5    |                                  |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                         | Tier 2    |                                  |
| <b>Anticonvulsant - Carboxylic Acid Derivatives</b>                                 |           |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG                       | Tier 2    |                                  |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 500 MG                        | Tier 2    |                                  |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                         | Tier 2    |                                  |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                 | Tier 2    |                                  |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>       | Tier 2    |                                  |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                     | Tier 2    |                                  |
| <i>valproic acid oral capsule 250 mg</i>                                            | Tier 2    |                                  |
| <b>Anticonvulsant - Functionalized Amino Acid</b>                                   |           |                                  |
| <i>lacosamide oral solution 10 mg/ml</i>                                            | Tier 4    | PA                               |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                         | Tier 4    | PA                               |
| <b>Anticonvulsant - GABA Analogs</b>                                                |           |                                  |
| <i>gabapentin oral capsule 100 mg, 300 mg</i>                                       | Tier 2    | QL (360 EA per 30 days)          |
| <i>gabapentin oral capsule 400 mg</i>                                               | Tier 2    | QL (270 EA per 30 days)          |
| <i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | Tier 2    | QL (2160 ML per 30 days)         |
| <i>gabapentin oral tablet 600 mg</i>                                                | Tier 2    | QL (180 EA per 30 days)          |
| <i>gabapentin oral tablet 800 mg</i>                                                | Tier 2    | QL (120 EA per 30 days)          |

| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 3    |                                  |
| <i>pregabalin oral solution 20 mg/ml</i>                                                   | Tier 3    |                                  |
| <b>Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives</b>               |           |                                  |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                      | Tier 4    |                                  |
| <b>Anticonvulsant - Hydantoins</b>                                                         |           |                                  |
| DILANTIN ORAL CAPSULE 30 MG                                                                | Tier 4    |                                  |
| <i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>                                  | Tier 2    |                                  |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                               | Tier 2    |                                  |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                       | Tier 2    |                                  |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>                                       | Tier 2    |                                  |
| <b>Anticonvulsant - Iminostilbene Derivatives</b>                                          |           |                                  |
| APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG                                           | Tier 5    | PA                               |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>              | Tier 3    |                                  |
| <i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>                             | Tier 2    |                                  |
| <i>carbamazepine oral tablet 200 mg</i>                                                    | Tier 2    |                                  |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>             | Tier 3    |                                  |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                                          | Tier 2    |                                  |
| <i>epitol oral tablet 200 mg</i>                                                           | Tier 2    |                                  |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>                                | Tier 2    |                                  |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                    | Tier 2    |                                  |
| <b>Anticonvulsant - Monosaccharide Derivatives</b>                                         |           |                                  |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>                                      | Tier 2    |                                  |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                 | Tier 2    |                                  |

| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Anticonvulsant - Phenyltriazine Derivatives</b>                                                    |           |                                  |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                          | Tier 6    |                                  |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i> | Tier 2    |                                  |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>                | Tier 3    |                                  |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>     | Tier 3    |                                  |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>                                      | Tier 2    |                                  |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                            | Tier 6    |                                  |
| <b>Anticonvulsant - Pyrrolidine Derivatives</b>                                                       |           |                                  |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i>                                                 | Tier 2    |                                  |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>                                      | Tier 2    |                                  |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>                                     | Tier 2    |                                  |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>                                | Tier 2    |                                  |
| <b>Anticonvulsant - Succinimides</b>                                                                  |           |                                  |
| CELONTIN ORAL CAPSULE 300 MG                                                                          | Tier 4    |                                  |
| <i>ethosuximide oral capsule 250 mg</i>                                                               | Tier 2    |                                  |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                                         | Tier 2    |                                  |
| <b>Anticonvulsant - Sulfonamide Derivatives</b>                                                       |           |                                  |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                   | Tier 2    |                                  |
| <b>Anticonvulsant - Triazole Derivatives</b>                                                          |           |                                  |
| <i>rufinamide oral tablet 200 mg, 400 mg</i>                                                          | Tier 4    |                                  |
| <b>Antidepressant - Alpha-2 Receptor Antagonists (NaSSA)</b>                                          |           |                                  |
| <i>mirtazapine oral tablet 15 mg</i>                                                                  | Tier 6    |                                  |

| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>                                   | Tier 2    |                                  |
| <i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>                     | Tier 2    |                                  |
| <b>Antidepressant - MAO Inhibitor<br/>Nonselective and Irreversible-Types<br/>A,B</b> |           |                                  |
| EMSAM TRANSDERMAL PATCH 24 HOUR<br>12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                | Tier 4    | QL (30 EA per 30 days)           |
| <i>phenelzine oral tablet 15 mg</i>                                                   | Tier 2    |                                  |
| <i>tranylcypromine oral tablet 10 mg</i>                                              | Tier 4    |                                  |
| <b>Antidepressant - Selective Serotonin<br/>Reuptake Inhibitors (SSRIs)</b>           |           |                                  |
| <i>citalopram oral solution 10 mg/5 ml</i>                                            | Tier 2    |                                  |
| <i>citalopram oral tablet 10 mg, 20 mg</i>                                            | Tier 6    |                                  |
| <i>citalopram oral tablet 40 mg</i>                                                   | Tier 6    | QL (30 EA per 30 days)           |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                   | Tier 2    | QL (600 ML per 30 days)          |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>                                   | Tier 2    | QL (45 EA per 30 days)           |
| <i>escitalopram oxalate oral tablet 20 mg</i>                                         | Tier 2    | QL (30 EA per 30 days)           |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>                                    | Tier 6    |                                  |
| <i>fluoxetine oral capsule,delayed<br/>release(drlec) 90 mg</i>                       | Tier 3    | QL (4 EA per 28 days)            |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                  | Tier 2    |                                  |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                   | Tier 2    |                                  |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i>                                      | Tier 3    | PA                               |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                          | Tier 6    |                                  |
| <i>paroxetine hcl oral tablet extended<br/>release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>  | Tier 3    |                                  |
| <i>sertraline oral concentrate 20 mg/ml</i>                                           | Tier 2    |                                  |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>                                    | Tier 2    |                                  |

| Prescription Drug Name                                                                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs)</b>              |           |                                  |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                     | Tier 4    |                                  |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>                                      | Tier 2    |                                  |
| <b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>            |           |                                  |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | Tier 2    | QL (30 EA per 30 days)           |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>              | Tier 2    | QL (60 EA per 30 days)           |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                       | Tier 4    | PA                               |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                          | Tier 4    | PA                               |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>           | Tier 2    |                                  |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                     | Tier 2    |                                  |
| <b>Antidepressant - SSRI and 5HT1A Partial Agonist</b>                                  |           |                                  |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)                                   | Tier 4    | PA                               |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>                                       | Tier 4    | PA                               |
| <b>Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb</b>                 |           |                                  |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>        | Tier 2    |                                  |
| <b>Antidepressant - Tricyclic-Benzodiazepine Combinations</b>                           |           |                                  |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                   | Tier 3    |                                  |



| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</b>         |           |                                  |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                        | Tier 2    |                                  |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>                | Tier 2    |                                  |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>       | Tier 2    |                                  |
| <b>Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors)</b>         |           |                                  |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>           | Tier 2    |                                  |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                             | Tier 2    |                                  |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                                  | Tier 4    |                                  |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>             | Tier 3    | QL (60 EA per 30 days)           |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                | Tier 2    |                                  |
| <i>doxepin oral concentrate 10 mg/ml</i>                                              | Tier 2    |                                  |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                 | Tier 2    |                                  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                          | Tier 2    |                                  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                         | Tier 2    |                                  |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                          | Tier 2    |                                  |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                 | Tier 4    |                                  |
| <b>Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb</b>          |           |                                  |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                 | Tier 2    |                                  |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>           | Tier 2    |                                  |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 2    |                                  |



| Prescription Drug Name                                                                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors</b>                                                  |           |                                  |
| <i>tolcapone oral tablet 100 mg</i>                                                                                 | Tier 5    | PA                               |
| <b>Antiparkinson Adjuvant - Peripheral COMT Inhibitors</b>                                                          |           |                                  |
| <i>entacapone oral tablet 200 mg</i>                                                                                | Tier 3    |                                  |
| <b>Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors</b>                                            |           |                                  |
| <i>carbidopa oral tablet 25 mg</i>                                                                                  | Tier 5    |                                  |
| <b>Antiparkinson Therapy - Anticholinergic Agents</b>                                                               |           |                                  |
| <i>benztropine injection solution 1 mg/ml</i>                                                                       | Tier 2    |                                  |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                   | Tier 2    |                                  |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                                        | Tier 2    |                                  |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                                       | Tier 2    |                                  |
| <b>Antiparkinson Therapy - Ergot Alkaloids and Derivatives</b>                                                      |           |                                  |
| <i>bromocriptine oral capsule 5 mg</i>                                                                              | Tier 2    |                                  |
| <i>bromocriptine oral tablet 2.5 mg</i>                                                                             | Tier 2    |                                  |
| <b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B)</b>                                                   |           |                                  |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>                                                                          | Tier 3    |                                  |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                             | Tier 3    |                                  |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                              | Tier 3    |                                  |
| <b>Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents</b>                                                    |           |                                  |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                           | Tier 2    |                                  |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                                                                      | Tier 2    |                                  |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                            | Tier 2    |                                  |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML                                                                              | Tier 5    | PA; SP                           |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i>                                                                  | Tier 5    | PA; SP                           |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | Tier 5    | PA                               |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                     | Tier 2    |                                  |

| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | Tier 4    | ST; QL (30 EA per 30 days)       |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                     | Tier 2    |                                  |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                              | Tier 2    | ST; QL (30 EA per 30 days)       |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones</b>                                    |           |                                  |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG                                                           | Tier 5    | PA                               |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv</b>                                   |           |                                  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML     | Tier 5    | PA                               |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>                                  | Tier 4    | PA                               |
| <i>risperidone oral solution 1 mg/ml</i>                                                                        | Tier 2    |                                  |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                          | Tier 6    |                                  |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                   | Tier 2    |                                  |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der</b>                                   |           |                                  |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                       | Tier 2    |                                  |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                              | Tier 2    |                                  |
| <b>Antipsychotic - Butyrophenone Derivatives</b>                                                                |           |                                  |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                                         | Tier 2    |                                  |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                           | Tier 2    |                                  |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>                                                        | Tier 2    |                                  |

| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|-----------|----------------------------------|
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                   | Tier 2    |                                  |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 2    |                                  |
| <b>Antipsychotic - Dibenzoxazepine Derivatives</b>                    |           |                                  |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>      | Tier 2    |                                  |
| <b>Antipsychotic - Diphenylbutylpiperidine Derivatives</b>            |           |                                  |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                | Tier 3    |                                  |
| <b>Antipsychotic - Phenothiazines, Aliphatic</b>                      |           |                                  |
| <i>chlorpromazine oral tablet 10 mg, 25 mg</i>                        | Tier 3    |                                  |
| <i>chlorpromazine oral tablet 100 mg, 200 mg, 50 mg</i>               | Tier 4    |                                  |
| <b>Antipsychotic - Phenothiazines, Piperazine</b>                     |           |                                  |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>             | Tier 3    |                                  |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                  | Tier 3    |                                  |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                      | Tier 3    |                                  |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                       | Tier 3    |                                  |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>         | Tier 3    |                                  |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>               | Tier 2    |                                  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>               | Tier 2    |                                  |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>            | Tier 2    |                                  |
| <b>Antipsychotic - Phenothiazines, Piperidine</b>                     |           |                                  |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>           | Tier 2    |                                  |
| <b>Antipsychotic - Thioxanthenes</b>                                  |           |                                  |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>               | Tier 2    |                                  |

| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed</b>                       |           |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG                         | Tier 5    | PA                               |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG                        | Tier 5    | PA                               |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                         | Tier 5    | PA                               |
| <b>Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist</b>                        |           |                                  |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>                         | Tier 4    |                                  |
| <b>Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type</b>                               |           |                                  |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG              | Tier 2    | QL (30 EA per 30 days)           |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG                               | Tier 2    | QL (30 EA per 30 days)           |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 30 mg, 40 mg</i>                        | Tier 3    | QL (30 EA per 30 days)           |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                           | Tier 2    |                                  |
| <i>metadate er oral tablet extended release 20 mg</i>                                               | Tier 3    | QL (30 EA per 30 days)           |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 3    | QL (30 EA per 30 days)           |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>                       | Tier 3    | QL (30 EA per 30 days)           |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                      | Tier 2    |                                  |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                           | Tier 2    |                                  |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>                                | Tier 3    | QL (30 EA per 30 days)           |
| <i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>                                 | Tier 4    | QL (180 EA per 30 days)          |

| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC<br>24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG                                    | Tier 3    |                                  |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG,<br>30 MG, 40 MG, 50 MG, 60 MG, 70 MG                                       | Tier 3    |                                  |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                                                        | Tier 2    |                                  |
| <b>Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type</b>                                      |           |                                  |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                              | Tier 3    | QL (30 EA per 30 days)           |
| <b>Benzodiazepines</b>                                                                                        |           |                                  |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                                                   | Tier 2    | QL (30 EA per 30 days)           |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                                                            | Tier 2    | QL (150 ML per 30 days)          |
| <b>Bipolar Therapy Agents - Anticonvulsant Type</b>                                                           |           |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED<br>RELEASE 24 HR 250 MG, 500 MG                                              | Tier 2    |                                  |
| DEPAKOTE ORAL TABLET, DELAYED<br>RELEASE (DR/EC) 125 MG, 500 MG                                               | Tier 2    |                                  |
| <i>epitol oral tablet 200 mg</i>                                                                              | Tier 2    |                                  |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg (21) -50 mg (7), 50 mg (42)<br/>-100 mg (14)</i> | Tier 2    |                                  |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>                    | Tier 3    |                                  |
| <b>Bipolar Therapy Agents - Atypical Antipsychotics</b>                                                       |           |                                  |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                     | Tier 4    | PA                               |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                                        | Tier 2    | QL (30 EA per 30 days)           |
| <i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>                                                  | Tier 5    | ST                               |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>                                                | Tier 4    | PA                               |
| <i>olanzapine intramuscular recon soln 10 mg</i>                                                              | Tier 2    |                                  |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                       | Tier 2    |                                  |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                                    | Tier 6    |                                  |

| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>         | Tier 2    |                                  |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                     | Tier 2    |                                  |
| <b>Bipolar Therapy Agents - Lithium</b>                                                            |           |                                  |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                                       | Tier 6    |                                  |
| <i>lithium carbonate oral tablet 300 mg</i>                                                        | Tier 6    |                                  |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>                               | Tier 2    |                                  |
| <b>CNS Stimulant - Amphetamine Combinations</b>                                                    |           |                                  |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG             | Tier 2    | QL (30 EA per 30 days)           |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 2    |                                  |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG                            | Tier 3    |                                  |
| <b>CNS Stimulant - Amphetamines</b>                                                                |           |                                  |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                 | Tier 2    |                                  |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                           | Tier 2    |                                  |
| <i>methamphetamine oral tablet 5 mg</i>                                                            | Tier 5    |                                  |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                                             | Tier 2    |                                  |
| <b>Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs)</b>                       |           |                                  |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                                  | Tier 4    | PA                               |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                                      | Tier 4    | PA                               |
| <b>Hypnotics - Melatonin M1/M2 Receptor Agonists</b>                                               |           |                                  |
| <i>ramelteon oral tablet 8 mg</i>                                                                  | Tier 3    | ST; QL (30 EA per 30 days)       |

| Prescription Drug Name                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------|-----------|----------------------------------|
| <b>Migraine Therapy - Carboxylic Acid Derivatives</b>               |           |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG       | Tier 2    |                                  |
| <b>Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody</b>  |           |                                  |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML                    | Tier 3    | PA                               |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                     | Tier 3    | PA                               |
| <b>Migraine Therapy - CGRP Receptor Blockers (gepants and mAb)</b>  |           |                                  |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 3    | PA                               |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG                         | Tier 3    | PA                               |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                   | Tier 3    | PA                               |
| <b>Migraine Therapy - Ergot Combinations</b>                        |           |                                  |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                     | Tier 4    | QL (40 EA per 28 days)           |
| <b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1)</b>      |           |                                  |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>              | Tier 4    | ST; QL (9 EA per 30 days)        |
| <i>eletriptan oral tablet 20 mg, 40 mg</i>                          | Tier 3    | ST                               |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                         | Tier 2    | QL (9 EA per 30 days)            |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>                          | Tier 2    | QL (12 EA per 30 days)           |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>           | Tier 2    | QL (12 EA per 30 days)           |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/lactuation</i>         | Tier 2    | PA; QL (12 EA per 28 days)       |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/lactuation</i>          | Tier 2    | PA; QL (24 EA per 28 days)       |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>       | Tier 2    | QL (9 EA per 30 days)            |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>  | Tier 3    | PA; QL (12 ML per 28 days)       |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>      | Tier 3    | PA; QL (12 ML per 28 days)       |



| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                                     | Tier 2    | QL (6 EA per 30 days)            |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>                                     | Tier 4    | QL (6 EA per 30 days)            |
| <b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1F)</b>                                  |           |                                  |
| REYVOW ORAL TABLET 100 MG, 50 MG                                                                 | Tier 3    | PA                               |
| <b>Movement Disorder Drug Therapy</b>                                                            |           |                                  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                  | Tier 5    | PA; SP                           |
| <b>Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI)</b>                     |           |                                  |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                                                 | Tier 5    | PA                               |
| <b>Narcolepsy Therapy Agents - Non-Sympathomimetic</b>                                           |           |                                  |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                                     | Tier 2    | PA                               |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                                      | Tier 2    | PA                               |
| <b>Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines</b>                  |           |                                  |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                                           | Tier 2    |                                  |
| <b>Sedative-Hypnotic - Barbiturates</b>                                                          |           |                                  |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                            | Tier 2    |                                  |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 2    |                                  |
| <b>Sedative-Hypnotic - Benzodiazepines</b>                                                       |           |                                  |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                                          | Tier 2    |                                  |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                                      | Tier 2    | QL (30 EA per 30 days)           |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                                      | Tier 2    | QL (30 EA per 30 days)           |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                                   | Tier 2    | QL (30 EA per 30 days)           |
| <b>Sedative-Hypnotic - GABA-Receptor Modulators</b>                                              |           |                                  |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                                  | Tier 2    | QL (30 EA per 30 days)           |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                                         | Tier 2    | QL (30 EA per 30 days)           |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>                                                          | Tier 2    | QL (30 EA per 30 days)           |



| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits                  |
|--------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| <i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>            | Tier 2    | QL (30 EA per 30 days)                            |
| <b>Sedative-Hypnotic - Tricyclic Antidepressant Type</b>                       |           |                                                   |
| <i>doxepin oral tablet 3 mg, 6 mg</i>                                          | Tier 4    | ST; QL (30 EA per 30 days)                        |
| <b>Chemical Dependency, Agents to Treat</b>                                    |           |                                                   |
| <b>Agents for Opioid Withdrawal, Opioid-Type</b>                               |           |                                                   |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>                  | Tier 2    | QL (60 EA per 30 days)                            |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>                 | Tier 2    | QL (90 EA per 30 days)                            |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>               | Tier 1    | ACA; QL (90 EA per 30 days)                       |
| <b>Alcohol Abstinence Therapy - Glutamate and GABA System Type</b>             |           |                                                   |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>                 | Tier 2    |                                                   |
| <b>Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type</b>            |           |                                                   |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG                   | Tier 5    | PA; SP                                            |
| <b>Alcohol Deterrents</b>                                                      |           |                                                   |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                   | Tier 2    |                                                   |
| <b>Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type</b>     |           |                                                   |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1    | ACA; QL (2 EA per 1 day); Age (Min 18 Years)      |
| <b>Smoking Deterrents - Nicotine-Type</b>                                      |           |                                                   |
| <i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>                             | Tier 1    | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>                         | Tier 1    | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>                    | Tier 1    | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> | Tier 1    | OTC; ACA; QL (1 EA per 1 day); Age (Min 18 Years) |

| <b>Prescription Drug Name</b>                                                     | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>           |
|-----------------------------------------------------------------------------------|------------------|---------------------------------------------------|
| NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR                 | Tier 1           | OTC; ACA; QL (1 EA per 1 day); Age (Min 18 Years) |
| NICOTROL INHALATION CARTRIDGE 10 MG                                               | Tier 1           | ST; ACA; Age (Min 18 Years)                       |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                                     | Tier 1           | ST; ACA; Age (Min 18 Years)                       |
| <i>quit 2 buccal gum 2 mg</i>                                                     | Tier 1           | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>quit 2 buccal lozenge 2 mg</i>                                                 | Tier 1           | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>quit 4 buccal gum 4 mg</i>                                                     | Tier 1           | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>quit 4 buccal lozenge 4 mg</i>                                                 | Tier 1           | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>                                 | Tier 1           | OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years) |
| <b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2</b>       |                  |                                                   |
| <i>varenicline oral tablet 0.5 mg, 1 mg</i>                                       | Tier 1           | ACA; QL (60 EA per 30 days); Age (Min 18 Years)   |
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>                 | Tier 1           | ACA; QL (60 EA per 30 days); Age (Min 18 Years)   |
| <b>Chemicals-Pharmaceutical Adjuvants</b>                                         |                  |                                                   |
| <b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>                              |                  |                                                   |
| <i>nebusal inhalation solution for nebulization 3 %</i>                           | Tier 2           |                                                   |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i> | Tier 2           |                                                   |
| <b>Pharmaceutical Adjuvant - Vaccine Adjuvants</b>                                |                  |                                                   |
| SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION                           | Tier 1           | ACA; QL (1 ML per 365 days); Age (Min 50 Years)   |
| <b>Cognitive Disorder Therapy</b>                                                 |                  |                                                   |
| <b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors</b>                    |                  |                                                   |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>                                   | Tier 2           |                                                   |

| Prescription Drug Name                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|-----------|----------------------------------|
| <i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>                   | Tier 2    |                                  |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | Tier 3    | QL (30 EA per 30 days)           |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                          | Tier 2    |                                  |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>      | Tier 3    |                                  |
| <b>Alzheimer's Disease Therapy - NMDA Receptor Antagonists</b>            |           |                                  |
| <i>memantine oral solution 2 mg/ml</i>                                    | Tier 4    | PA; QL (300 ML per 30 days)      |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                  | Tier 2    | QL (60 EA per 30 days)           |
| <i>memantine oral tablets,dose pack 5-10 mg</i>                           | Tier 2    | QL (49 EA per 365 days)          |
| <b>Cognitive Disorder Therapy - Cerebral Vasodilators</b>                 |           |                                  |
| <i>ergoloid oral tablet 1 mg</i>                                          | Tier 4    | PA                               |
| <b>Contraceptives</b>                                                     |           |                                  |
| <b>Contraceptive Implant - Progestin</b>                                  |           |                                  |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                         | Tier 1    | ACA; QL (1 EA per 365 days)      |
| <b>Contraceptive Injectable - Progestin</b>                               |           |                                  |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML                 | Tier 1    | ACA                              |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>             | Tier 1    | ACA; QL (1 ML per 68 days)       |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>                | Tier 1    | ACA; QL (1 ML per 68 days)       |
| <b>Contraceptive Intrauterine - Copper IUD</b>                            |           |                                  |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM            | Tier 1    | ACA; QL (1 EA per 300 days)      |
| <b>Contraceptive Intrauterine - Progesterone IUD</b>                      |           |                                  |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG  | Tier 1    | ACA; QL (1 EA per 300 days)      |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG    | Tier 1    | ACA; QL (1 EA per 300 days)      |

| Prescription Drug Name                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG                                                                  | Tier 1    | ACA                              |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG                                                                   | Tier 1    | ACA; QL (1 EA per 300 days)      |
| <b>Contraceptive Oral - Biphasic</b>                                                                                                   |           |                                  |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                                                           | Tier 1    | ACA                              |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                                                           | Tier 1    | ACA                              |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                          | Tier 1    | ACA                              |
| <i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>                                                        | Tier 1    | ACA                              |
| <i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                                                           | Tier 1    | ACA                              |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                                                            | Tier 1    | ACA                              |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                          | Tier 1    | ACA                              |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                                                          | Tier 1    | ACA                              |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                            | Tier 1    | ACA                              |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1    | ACA                              |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                                                                 | Tier 1    | ACA                              |
| <i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>                                                        | Tier 1    | ACA                              |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                           | Tier 1    | ACA                              |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                           | Tier 1    | ACA                              |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                                                          | Tier 1    | ACA                              |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                           | Tier 1    | ACA                              |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                                            | Tier 1    | ACA                              |

| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Contraceptive Oral - Monophasic</b>                                  |           |                                  |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i>                              | Tier 1    | ACA                              |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                           | Tier 1    | ACA                              |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                        | Tier 1    | ACA                              |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i>                         | Tier 1    | ACA                              |
| <i>apri oral tablet 0.15-0.03 mg</i>                                    | Tier 1    | ACA                              |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                               | Tier 1    | ACA                              |
| <i>aubra oral tablet 0.1-20 mg-mcg</i>                                  | Tier 1    | ACA                              |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                   | Tier 1    | ACA                              |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                       | Tier 1    | ACA                              |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>            | Tier 1    | ACA                              |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1    | ACA                              |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>     | Tier 1    | ACA                              |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                 | Tier 1    | ACA                              |
| <i>ayuna oral tablet 0.15-0.03 mg</i>                                   | Tier 1    | ACA                              |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)                    | Tier 1    | ACA                              |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                           | Tier 1    | ACA                              |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>             | Tier 1    | ACA                              |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>  | Tier 1    | ACA                              |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>      | Tier 1    | ACA                              |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                               | Tier 1    | ACA                              |
| <i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>  | Tier 1    | ACA                              |
| <i>chateal (28) oral tablet 0.15-0.03 mg</i>                            | Tier 1    | ACA                              |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                         | Tier 1    | ACA                              |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                          | Tier 1    | ACA                              |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                | Tier 1    | ACA                              |
| <i>cyred oral tablet 0.15-0.03 mg</i>                                   | Tier 1    | ACA                              |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                        | Tier 1    | ACA                              |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>           | Tier 1    | ACA                              |
| <i>dolishale oral tablet 90-20 mcg (28)</i>                             | Tier 1    | ACA                              |

| <b>Prescription Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i> | Tier 1           | ACA                                     |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                               | Tier 1           | ACA                                     |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                                             | Tier 1           | ACA                                     |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                                              | Tier 1           | ACA                                     |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i>                                                          | Tier 1           | ACA                                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                            | Tier 1           | ACA                                     |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                                        | Tier 1           | ACA                                     |
| <i>femynor oral tablet 0.25-35 mg-mcg</i>                                                            | Tier 1           | ACA                                     |
| <i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>                                       | Tier 1           | ACA                                     |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                               | Tier 1           | ACA                                     |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                           | Tier 1           | ACA                                     |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                | Tier 1           | ACA                                     |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                    | Tier 1           | ACA                                     |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>                                                              | Tier 1           | ACA                                     |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                                    | Tier 1           | ACA                                     |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                                             | Tier 1           | ACA                                     |
| <i>jasmie (28) oral tablet 3-0.02 mg</i>                                                             | Tier 1           | ACA                                     |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                                    | Tier 1           | ACA                                     |
| <i>juleber oral tablet 0.15-0.03 mg</i>                                                              | Tier 1           | ACA                                     |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                                   | Tier 1           | ACA                                     |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                                                       | Tier 1           | ACA                                     |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                 | Tier 1           | ACA                                     |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                     | Tier 1           | ACA                                     |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                            | Tier 1           | ACA                                     |
| <i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>                                 | Tier 1           | ACA                                     |
| <i>kalliga oral tablet 0.15-0.03 mg</i>                                                              | Tier 1           | ACA                                     |



| <b>Prescription Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|----------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                                              | Tier 1           | ACA                                     |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>                                              | Tier 1           | ACA                                     |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                                                 | Tier 1           | ACA                                     |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                           | Tier 1           | ACA                                     |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                               | Tier 1           | ACA                                     |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                    | Tier 1           | ACA                                     |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                         | Tier 1           | ACA                                     |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                             | Tier 1           | ACA                                     |
| <i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>                         | Tier 1           | ACA                                     |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                                     | Tier 1           | ACA                                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i> | Tier 1           | ACA                                     |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>      | Tier 1           | ACA                                     |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>                                                    | Tier 1           | ACA                                     |
| <i>loryna (28) oral tablet 3-0.02 mg</i>                                                     | Tier 1           | ACA                                     |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                           | Tier 1           | ACA                                     |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>                                             | Tier 1           | ACA                                     |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i>                                                  | Tier 1           | ACA                                     |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>                                                | Tier 1           | ACA                                     |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                        | Tier 1           | ACA                                     |
| <i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>                         | Tier 1           | ACA                                     |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                     | Tier 1           | ACA                                     |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                         | Tier 1           | ACA                                     |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                              | Tier 1           | ACA                                     |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                   | Tier 1           | ACA                                     |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                       | Tier 1           | ACA                                     |

| <b>Prescription Drug Name</b>                                                                                          | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>mili oral tablet 0.25-35 mg-mcg</i>                                                                                 | Tier 1           | ACA                                     |
| <i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>                                                                          | Tier 1           | ACA                                     |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                                                     | Tier 1           | ACA                                     |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)                                                                             | Tier 1           | ACA; QL (1 EA per 1 day)                |
| <i>nikki (28) oral tablet 3-0.02 mg</i>                                                                                | Tier 1           | ACA                                     |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i> | Tier 1           | ACA                                     |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                           | Tier 1           | ACA                                     |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                          | Tier 1           | ACA                                     |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>             | Tier 1           | ACA                                     |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>                                  | Tier 1           | ACA                                     |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>                                                       | Tier 1           | ACA                                     |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                                                   | Tier 1           | ACA                                     |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>                                                                  | Tier 1           | ACA                                     |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                                                                       | Tier 1           | ACA                                     |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>                                                                         | Tier 1           | ACA                                     |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>                                                                                | Tier 1           | ACA                                     |
| <i>ocella oral tablet 3-0.03 mg</i>                                                                                    | Tier 1           | ACA                                     |
| <i>philith oral tablet 0.4-35 mg-mcg</i>                                                                               | Tier 1           | ACA                                     |
| <i>pirmella oral tablet 1-35 mg-mcg</i>                                                                                | Tier 1           | ACA                                     |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                                                              | Tier 1           | ACA                                     |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                                                         | Tier 1           | ACA                                     |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                                                     | Tier 1           | ACA                                     |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>                                                                        | Tier 1           | ACA                                     |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                                                                | Tier 1           | ACA                                     |
| <i>syeda oral tablet 3-0.03 mg</i>                                                                                     | Tier 1           | ACA                                     |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                                             | Tier 1           | ACA                                     |



| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                   | Tier 1    | ACA                              |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                | Tier 1    | ACA                              |
| <i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                              | Tier 1    | ACA                              |
| <i>tyblume oral tablet,chewable 0.1 mg- 20 mcg</i>                                                  | Tier 1    | ACA                              |
| <i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>                                                  | Tier 1    | ACA                              |
| <i>vestura (28) oral tablet 3-0.02 mg</i>                                                           | Tier 1    | ACA                              |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                                             | Tier 1    | ACA                              |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                                                       | Tier 1    | ACA                              |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i>                                                           | Tier 1    | ACA                              |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                                                          | Tier 1    | ACA                              |
| <i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>                                 | Tier 1    | ACA                              |
| <i>zarah oral tablet 3-0.03 mg</i>                                                                  | Tier 1    | ACA                              |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>                                                      | Tier 1    | ACA                              |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                                                       | Tier 1    | ACA                              |
| <b>Contraceptive Oral - Progestin</b>                                                               |           |                                  |
| <i>camila oral tablet 0.35 mg</i>                                                                   | Tier 1    | ACA                              |
| <i>deblitane oral tablet 0.35 mg</i>                                                                | Tier 1    | ACA                              |
| <i>errin oral tablet 0.35 mg</i>                                                                    | Tier 1    | ACA                              |
| <i>heather oral tablet 0.35 mg</i>                                                                  | Tier 1    | ACA                              |
| <i>incassia oral tablet 0.35 mg</i>                                                                 | Tier 1    | ACA                              |
| <i>jencycla oral tablet 0.35 mg</i>                                                                 | Tier 1    | ACA                              |
| <i>lyleq oral tablet 0.35 mg</i>                                                                    | Tier 1    | ACA                              |
| <i>lyza oral tablet 0.35 mg</i>                                                                     | Tier 1    | ACA                              |
| <i>nora-be oral tablet 0.35 mg</i>                                                                  | Tier 1    | ACA                              |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                                            | Tier 1    | ACA                              |
| <i>sharobel oral tablet 0.35 mg</i>                                                                 | Tier 1    | ACA                              |
| SLYND ORAL TABLET 4 MG (28)                                                                         | Tier 1    | ACA                              |
| <i>tulana oral tablet 0.35 mg</i>                                                                   | Tier 1    | ACA                              |
| <b>Contraceptive Oral - Quadruphasic</b>                                                            |           |                                  |
| <i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | Tier 1    | ACA                              |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG                                                   | Tier 1    | ACA                              |

| <b>Prescription Drug Name</b>                                                                               | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>                                | Tier 1           | ACA                                     |
| <b>Contraceptive Oral - Triphasic</b>                                                                       |                  |                                         |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                                 | Tier 1           | ACA                                     |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                                                        | Tier 1           | ACA                                     |
| <i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>                                                    | Tier 1           | ACA                                     |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>                                                  | Tier 1           | ACA                                     |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                                  | Tier 1           | ACA                                     |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>                                                             | Tier 1           | ACA                                     |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                             | Tier 1           | ACA                                     |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                             | Tier 1           | ACA                                     |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                            | Tier 1           | ACA                                     |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1           | ACA                                     |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>                                                  | Tier 1           | ACA                                     |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>                                                    | Tier 1           | ACA                                     |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                                           | Tier 1           | ACA                                     |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                                                  | Tier 1           | ACA                                     |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                                               | Tier 1           | ACA                                     |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                                             | Tier 1           | ACA                                     |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                                             | Tier 1           | ACA                                     |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                                                | Tier 1           | ACA                                     |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                                               | Tier 1           | ACA                                     |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                                                  | Tier 1           | ACA                                     |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                      | Tier 1    | ACA                              |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                  | Tier 1    | ACA                              |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                    | Tier 1    | ACA                              |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                   | Tier 1    | ACA                              |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>           | Tier 1    | ACA                              |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                | Tier 1    | ACA                              |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                   | Tier 1    | ACA                              |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                 | Tier 1    | ACA                              |
| <i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>    | Tier 1    | ACA                              |
| <b>Contraceptive Transdermal Combinations - Estrogen and Progestin Comb.</b>  |           |                                  |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>                       | Tier 1    | ACA                              |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>                       | Tier 1    | ACA                              |
| <b>Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb.</b> |           |                                  |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                                   | Tier 1    | ACA                              |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                               | Tier 1    | ACA                              |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>        | Tier 1    | ACA                              |
| <b>Emergency Contraceptives</b>                                               |           |                                  |
| <i>after pill oral tablet 1.5 mg</i>                                          | Tier 1    | OTC; ACA                         |
| <i>aftera oral tablet 1.5 mg</i>                                              | Tier 1    | OTC; ACA                         |
| <i>econtra ez oral tablet 1.5 mg</i>                                          | Tier 1    | OTC; ACA                         |
| <i>econtra one-step oral tablet 1.5 mg</i>                                    | Tier 1    | OTC; ACA                         |
| ELLA ORAL TABLET 30 MG                                                        | Tier 1    | ACA                              |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                      | Tier 1    | OTC; ACA                         |
| <i>my choice oral tablet 1.5 mg</i>                                           | Tier 1    | OTC; ACA                         |

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <i>my way oral tablet 1.5 mg</i>                                       | Tier 1    | OTC; ACA                         |
| <i>new day oral tablet 1.5 mg</i>                                      | Tier 1    | OTC; ACA                         |
| <i>opcicon one-step oral tablet 1.5 mg</i>                             | Tier 1    | OTC; ACA                         |
| <i>option-2 oral tablet 1.5 mg</i>                                     | Tier 1    | OTC; ACA                         |
| <i>take action oral tablet 1.5 mg</i>                                  | Tier 1    | OTC; ACA                         |
| <b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type</b> |           |                                  |
| ELLA ORAL TABLET 30 MG                                                 | Tier 1    | ACA                              |
| <b>Emergency Contraceptives - Progestin Type</b>                       |           |                                  |
| <i>after pill oral tablet 1.5 mg</i>                                   | Tier 1    | OTC; ACA                         |
| <i>aftera oral tablet 1.5 mg</i>                                       | Tier 1    | OTC; ACA                         |
| <i>my choice oral tablet 1.5 mg</i>                                    | Tier 1    | OTC; ACA                         |
| <i>my way oral tablet 1.5 mg</i>                                       | Tier 1    | OTC; ACA                         |
| <i>new day oral tablet 1.5 mg</i>                                      | Tier 1    | OTC; ACA                         |
| <i>opcicon one-step oral tablet 1.5 mg</i>                             | Tier 1    | OTC; ACA                         |
| <i>option-2 oral tablet 1.5 mg</i>                                     | Tier 1    | OTC; ACA                         |
| <i>take action oral tablet 1.5 mg</i>                                  | Tier 1    | OTC; ACA                         |
| <b>Spermicides</b>                                                     |           |                                  |
| TODAY CONTRACEPTIVE SPONGE<br>VAGINAL CONTRACEPTIVE SPONGE<br>1,000 MG | Tier 1    | OTC; ACA                         |
| VAGINAL CONTRACEPTIVE FILM<br>VAGINAL FILM 28 %                        | Tier 1    | OTC; ACA                         |
| VCF CONTRACEPTIVE FILM VAGINAL<br>FILM 28 %                            | Tier 1    | OTC; ACA                         |
| <i>vcf contraceptive gel vaginal gel 4 %</i>                           | Tier 1    | OTC; ACA                         |
| <b>Dermatological</b>                                                  |           |                                  |
| <b>Acne Therapy Systemic - Retinoids and Derivatives</b>               |           |                                  |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                | Tier 4    | PA                               |
| <i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>                       | Tier 4    | PA                               |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                | Tier 4    | PA                               |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>            | Tier 4    | PA                               |

| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|-----------|----------------------------------|
| <i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>               | Tier 4    | PA                               |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>               | Tier 4    | PA                               |
| <b>Acne Therapy Topical - Anti-infective</b>                          |           |                                  |
| <i>azelaic acid topical gel 15 %</i>                                  | Tier 3    |                                  |
| <i>clindamycin phosphate topical foam 1 %</i>                         | Tier 4    |                                  |
| <i>clindamycin phosphate topical gel 1 %</i>                          | Tier 2    |                                  |
| <i>clindamycin phosphate topical gel, once daily 1 %</i>              | Tier 2    |                                  |
| <i>clindamycin phosphate topical lotion 1 %</i>                       | Tier 2    |                                  |
| <i>clindamycin phosphate topical solution 1 %</i>                     | Tier 2    |                                  |
| <i>clindamycin phosphate topical swab 1 %</i>                         | Tier 2    |                                  |
| <i>ery pads topical swab 2 %</i>                                      | Tier 3    |                                  |
| <i>erythromycin with ethanol topical gel 2 %</i>                      | Tier 2    |                                  |
| <i>erythromycin with ethanol topical solution 2 %</i>                 | Tier 2    |                                  |
| <b>Acne Therapy Topical - Anti-infective-Keratolytic Combinations</b> |           |                                  |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>                 | Tier 3    |                                  |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>       | Tier 3    |                                  |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                | Tier 3    |                                  |
| <b>Acne Therapy Topical - Retinoid Combinations Other</b>             |           |                                  |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>     | Tier 3    |                                  |
| <b>Acne Therapy Topical - Retinoids and Derivatives</b>               |           |                                  |
| <i>adapalene topical lotion 0.1 %</i>                                 | Tier 2    |                                  |
| <i>avita topical gel 0.025 %</i>                                      | Tier 3    | QL (135 GM per 90 days)          |
| DIFFERIN TOPICAL LOTION 0.1 %                                         | Tier 2    |                                  |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i>                          | Tier 3    | QL (135 GM per 90 days)          |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i>                          | Tier 3    | QL (135 GM per 90 days)          |

| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations</b>          |           |                                  |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>              | Tier 5    | ST; QL (360 GM per 90 days)      |
| <b>Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody</b> |           |                                  |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                     | Tier 5    | PA; SP                           |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                            | Tier 5    | PA; SP                           |
| <b>Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody</b>   |           |                                  |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                    | Tier 5    | PA; SP                           |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML                          | Tier 5    | PA; SP                           |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)                | Tier 5    | PA; SP                           |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                   | Tier 5    | PA; SP                           |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                                         | Tier 5    | PA; SP                           |
| <b>Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody</b>     |           |                                  |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML                           | Tier 5    | PA; SP                           |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML                      | Tier 5    | PA; SP                           |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML                               | Tier 5    | PA; SP                           |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                          | Tier 5    | PA; SP                           |
| <b>Dermatitis - Janus Kinase (JAK) Inhibitors</b>                              |           |                                  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG                                | Tier 5    | PA; SP                           |

| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb</b>    |           |                                  |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML                | Tier 5    | PA; SP                           |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | Tier 5    | PA; SP                           |
| <b>Dermatological - Antibacterial Aminoglycosides</b>                             |           |                                  |
| <i>gentamicin topical cream 0.1 %</i>                                             | Tier 2    |                                  |
| <i>gentamicin topical ointment 0.1 %</i>                                          | Tier 2    |                                  |
| <b>Dermatological - Antibacterial Other</b>                                       |           |                                  |
| <i>mupirocin topical ointment 2 %</i>                                             | Tier 2    |                                  |
| <b>Dermatological - Antibacterial Pleuromutilin Derivatives</b>                   |           |                                  |
| ALTABAX TOPICAL OINTMENT 1 %                                                      | Tier 5    | PA                               |
| <b>Dermatological - Antifungal Amphoteric Polyene Macrolides</b>                  |           |                                  |
| <i>nyamyc topical powder 100,000 unit/gram</i>                                    | Tier 2    |                                  |
| <i>nystatin topical cream 100,000 unit/gram</i>                                   | Tier 2    |                                  |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                | Tier 2    |                                  |
| <i>nystatin topical powder 100,000 unit/gram</i>                                  | Tier 2    |                                  |
| <i>nystop topical powder 100,000 unit/gram</i>                                    | Tier 2    |                                  |
| <b>Dermatological - Antifungal Benzylamines</b>                                   |           |                                  |
| <i>butenafine topical cream 1 %</i>                                               | Tier 3    | OTC                              |
| MENTAX TOPICAL CREAM 1 %                                                          | Tier 3    |                                  |
| <b>Dermatological - Antifungal Hydroxypyridinone</b>                              |           |                                  |
| <i>ciclopirox topical gel 0.77 %</i>                                              | Tier 2    |                                  |
| <i>ciclopirox topical shampoo 1 %</i>                                             | Tier 3    |                                  |
| <i>ciclopirox topical suspension 0.77 %</i>                                       | Tier 2    |                                  |
| <b>Dermatological - Antifungal Imidazole and Related Agents</b>                   |           |                                  |
| <i>antifungal (clotrimazole) topical cream 1 %</i>                                | Tier 2    | OTC                              |
| <i>antifungal ringworm topical cream 1 %</i>                                      | Tier 2    | OTC                              |



| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <i>athlete's foot (clotrimazole) topical cream 1 %</i>                  | Tier 2    | OTC                              |
| <i>athletic foot cream topical cream 1 %</i>                            | Tier 2    | OTC                              |
| <i>clotrimazole af topical cream 1 %</i>                                | Tier 2    | OTC                              |
| <i>clotrimazole topical cream 1 %</i>                                   | Tier 2    | OTC                              |
| <i>clotrimazole topical solution 1 %</i>                                | Tier 2    | OTC                              |
| <i>econazole topical cream 1 %</i>                                      | Tier 2    | QL (255 GM per 90 days)          |
| ERTACZO TOPICAL CREAM 2 %                                               | Tier 5    | PA                               |
| EXELDERM TOPICAL CREAM 1 %                                              | Tier 4    | PA; QL (180 GM per 90 days)      |
| EXELDERM TOPICAL SOLUTION 1 %                                           | Tier 4    | PA; QL (90 ML per 90 days)       |
| <i>itch relief (clotrimazole) topical cream 1 %</i>                     | Tier 2    | OTC                              |
| <i>jock itch (clotrimazole) topical cream 1 %</i>                       | Tier 2    | OTC                              |
| <i>ketoconazole topical cream 2 %</i>                                   | Tier 2    | QL (180 GM per 84 days)          |
| <i>ketoconazole topical shampoo 2 %</i>                                 | Tier 2    | QL (360 ML per 90 days)          |
| <i>micotrin ac topical cream 1 %</i>                                    | Tier 2    | OTC                              |
| <i>mycozyl ac topical cream 1 %</i>                                     | Tier 2    | OTC                              |
| <i>oxiconazole topical cream 1 %</i>                                    | Tier 4    | PA                               |
| <i>ringworm topical cream 1 %</i>                                       | Tier 2    | OTC                              |
| <i>sulconazole topical cream 1 %</i>                                    | Tier 4    | PA; QL (180 GM per 90 days)      |
| <i>sulconazole topical solution 1 %</i>                                 | Tier 4    | PA; QL (90 ML per 90 days)       |
| <b>Dermatological - Antifungal-Glucocorticoid Combinations</b>          |           |                                  |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                | Tier 2    | QL (270 GM per 90 days)          |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>               | Tier 3    | QL (180 ML per 90 days)          |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>        | Tier 2    |                                  |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>  | Tier 2    |                                  |
| <b>Dermatological - Antineoplastic Antimetabolites</b>                  |           |                                  |
| <i>fluorouracil topical cream 5 %</i>                                   | Tier 3    |                                  |
| <i>fluorouracil topical solution 2 %, 5 %</i>                           | Tier 3    |                                  |
| <b>Dermatological - Antipsoriatic Agents Systemic, Photosensitizing</b> |           |                                  |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>             | Tier 4    | PA                               |

| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives</b>                        |           |                                  |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                                 | Tier 5    | PA; SP                           |
| <b>Dermatological - Antipsoriatic Agents Topical</b>                                                |           |                                  |
| <i>calcipotriene scalp solution 0.005 %</i>                                                         | Tier 3    |                                  |
| <i>calcipotriene topical cream 0.005 %</i>                                                          | Tier 4    |                                  |
| <i>calcipotriene topical ointment 0.005 %</i>                                                       | Tier 3    |                                  |
| <i>calcitriol topical ointment 3 mcg/gram</i>                                                       | Tier 5    | PA                               |
| <i>tazarotene topical cream 0.1 %</i>                                                               | Tier 5    | PA                               |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i>                                                         | Tier 5    | PA                               |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 %                                                                   | Tier 5    | PA                               |
| <b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.</b>                         |           |                                  |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 5    | PA; SP                           |
| <b>Dermatological - Antiseborrheic</b>                                                              |           |                                  |
| <i>selenium sulfide topical lotion 2.5 %</i>                                                        | Tier 2    |                                  |
| <i>selenium sulfide topical shampoo 2.25 %</i>                                                      | Tier 2    |                                  |
| <b>Dermatological - Antiviral, Herpes</b>                                                           |           |                                  |
| <i>acyclovir topical ointment 5 %</i>                                                               | Tier 3    | PA                               |
| <b>Dermatological - Burn Products Anti-infective</b>                                                |           |                                  |
| <i>silver sulfadiazine topical cream 1 %</i>                                                        | Tier 2    |                                  |
| <i>ssd topical cream 1 %</i>                                                                        | Tier 2    |                                  |
| SULFAMYLLON TOPICAL CREAM 85 MG/G                                                                   | Tier 3    | QL (170.1 GM per 90 days)        |
| <b>Dermatological - Calcineurin Inhibitors</b>                                                      |           |                                  |
| <i>pimecrolimus topical cream 1 %</i>                                                               | Tier 4    | PA; QL (300 GM per 90 days)      |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                                                    | Tier 4    |                                  |
| <b>Dermatological - Emollients</b>                                                                  |           |                                  |
| <i>ammonium lactate topical cream 12 %</i>                                                          | Tier 2    |                                  |
| <i>ammonium lactate topical lotion 12 %</i>                                                         | Tier 2    | OTC                              |
| <i>skin treatment topical lotion 12 %</i>                                                           | Tier 2    | OTC                              |

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatological - Enzymes</b>                           |           |                                  |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                     | Tier 4    |                                  |
| <b>Dermatological - Glucocorticoid</b>                    |           |                                  |
| <i>ala-cort topical cream 1 %</i>                         | Tier 2    | QL (360 GM per 90 days)          |
| <i>alclometasone topical cream 0.05 %</i>                 | Tier 2    |                                  |
| <i>alclometasone topical ointment 0.05 %</i>              | Tier 2    |                                  |
| <i>anti-itch (hc) topical cream 1 %</i>                   | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>betamethasone dipropionate topical cream 0.05 %</i>    | Tier 2    | QL (270 GM per 90 days)          |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   | Tier 2    | QL (360 ML per 90 days)          |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 2    | QL (270 GM per 90 days)          |
| <i>betamethasone valerate topical cream 0.1 %</i>         | Tier 2    | QL (270 GM per 90 days)          |
| <i>betamethasone valerate topical foam 0.12 %</i>         | Tier 3    |                                  |
| <i>betamethasone valerate topical lotion 0.1 %</i>        | Tier 2    | QL (360 ML per 90 days)          |
| <i>betamethasone valerate topical ointment 0.1 %</i>      | Tier 2    | QL (270 GM per 90 days)          |
| <i>betamethasone, augmented topical cream 0.05 %</i>      | Tier 2    | QL (300 GM per 90 days)          |
| <i>betamethasone, augmented topical lotion 0.05 %</i>     | Tier 2    | QL (360 ML per 90 days)          |
| <i>betamethasone, augmented topical ointment 0.05 %</i>   | Tier 2    | QL (300 GM per 90 days)          |
| <i>clobetasol scalp solution 0.05 %</i>                   | Tier 3    | QL (300 ML per 90 days)          |
| <i>clobetasol topical ointment 0.05 %</i>                 | Tier 3    | QL (360 GM per 90 days)          |
| <i>cortaid topical cream 1 %</i>                          | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>cortisone (hydrocortisone) topical cream 1 %</i>       | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>cortizone-10 plus topical cream 1 %</i>                | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>cortizone-10 topical cream 1 %</i>                     | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>desonide topical cream 0.05 %</i>                      | Tier 3    | QL (360 GM per 90 days)          |
| <i>desonide topical lotion 0.05 %</i>                     | Tier 3    |                                  |
| <i>desonide topical ointment 0.05 %</i>                   | Tier 3    | QL (360 GM per 90 days)          |
| <i>desoximetasone topical cream 0.25 %</i>                | Tier 3    | QL (600 GM per 90 days)          |
| <i>diflorasone topical cream 0.05 %</i>                   | Tier 4    | QL (360 GM per 90 days)          |
| <i>diflorasone topical ointment 0.05 %</i>                | Tier 4    | QL (360 GM per 90 days)          |

| <b>Prescription Drug Name</b>                                           | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>                     | Tier 2           |                                         |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>                       | Tier 2           | QL (360 GM per 90 days)                 |
| <i>fluocinolone topical ointment 0.025 %</i>                            | Tier 2           | QL (360 GM per 90 days)                 |
| <i>fluocinolone topical solution 0.01 %</i>                             | Tier 2           |                                         |
| <i>fluocinonide topical gel 0.05 %</i>                                  | Tier 2           | QL (360 GM per 90 days)                 |
| <i>fluocinonide topical ointment 0.05 %</i>                             | Tier 2           | QL (360 GM per 90 days)                 |
| <i>fluocinonide topical solution 0.05 %</i>                             | Tier 2           | QL (360 ML per 90 days)                 |
| <i>flurandrenolide topical cream 0.05 %</i>                             | Tier 4           | PA                                      |
| <i>flurandrenolide topical lotion 0.05 %</i>                            | Tier 5           | PA                                      |
| <i>fluticasone propionate topical cream 0.05 %</i>                      | Tier 2           | QL (360 GM per 90 days)                 |
| <i>fluticasone propionate topical ointment 0.005 %</i>                  | Tier 2           | QL (360 GM per 90 days)                 |
| <i>hydrocortisone acetate topical cream 1 %</i>                         | Tier 2           | OTC                                     |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                   | Tier 2           |                                         |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                   | Tier 2           |                                         |
| <i>hydrocortisone butyr-emollient topical cream 0.1 %</i>               | Tier 2           |                                         |
| <i>hydrocortisone plus topical cream 1 %</i>                            | Tier 2           | OTC                                     |
| <i>hydrocortisone topical cream 1 %</i>                                 | Tier 2           | QL (360 GM per 90 days)                 |
| <i>hydrocortisone topical cream 2.5 %</i>                               | Tier 2           |                                         |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i> | Tier 2           |                                         |
| <i>hydrocortisone topical lotion 2.5 %</i>                              | Tier 2           | QL (360 ML per 90 days)                 |
| <i>hydrocortisone topical ointment 2.5 %</i>                            | Tier 2           | QL (270 GM per 90 days)                 |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                      | Tier 2           | QL (360 GM per 90 days)                 |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>                   | Tier 2           | QL (360 GM per 90 days)                 |
| <i>hydrocream topical cream 1 %</i>                                     | Tier 2           | OTC; QL (360 GM per 90 days)            |
| <i>mometasone topical cream 0.1 %</i>                                   | Tier 2           |                                         |
| <i>mometasone topical ointment 0.1 %</i>                                | Tier 2           |                                         |
| <i>mometasone topical solution 0.1 %</i>                                | Tier 2           |                                         |
| <i>monistat care (hydrocortisone) topical cream 1 %</i>                 | Tier 2           | OTC; QL (360 GM per 90 days)            |
| <i>noble formula hc topical cream 1 %</i>                               | Tier 2           | OTC; QL (360 GM per 90 days)            |
| <i>prednicarbate topical cream 0.1 %</i>                                | Tier 2           | QL (360 GM per 90 days)                 |

| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|-----------|----------------------------------|
| <i>prednicarbate topical ointment 0.1 %</i>                           | Tier 2    | QL (360 GM per 90 days)          |
| <i>preparation h hydrocortisone topical cream 1 %</i>                 | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i>     | Tier 2    |                                  |
| <i>procto-pak topical cream with perineal applicator 1 %</i>          | Tier 2    |                                  |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>      | Tier 2    |                                  |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>          | Tier 3    | PA                               |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>    | Tier 2    |                                  |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>          | Tier 2    |                                  |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 2    |                                  |
| <i>triderm topical cream 0.1 %, 0.5 %</i>                             | Tier 2    |                                  |
| <i>vanicream hc topical cream 1 %</i>                                 | Tier 2    | OTC                              |
| <b>Dermatological - Glucocorticoid-Emollient Combinations</b>         |           |                                  |
| <i>anti-itch(hydrocortisone)-aloe topical cream 1 %</i>               | Tier 2    | OTC                              |
| <i>cortisone with aloe topical cream 1 %</i>                          | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>cortizone-10 with aloe topical cream 1 %</i>                       | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <i>hydrocortisone-aloe vera topical cream 1 %</i>                     | Tier 2    | OTC; QL (360 GM per 90 days)     |
| <b>Dermatological - Immunomodulator - Imidazoquinolinamines</b>       |           |                                  |
| <i>imiquimod topical cream in packet 5 %</i>                          | Tier 2    | QL (36 EA per 84 days)           |
| <b>Dermatological - Keratolytic-Antimitotic Single Agents</b>         |           |                                  |
| <i>podofilox topical solution 0.5 %</i>                               | Tier 2    |                                  |
| <b>Dermatological - Local Anesthetic Combinations</b>                 |           |                                  |
| <i>anodyne lpt topical kit 2.5-2.5 %</i>                              | Tier 2    | QL (90 EA per 90 days)           |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                   | Tier 2    | QL (90 GM per 90 days)           |
| <i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>                     | Tier 2    | QL (90 EA per 90 days)           |

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatological - NSAID Single Agents</b>                  |           |                                  |
| <i>arthritis pain (diclofenac) topical gel 1 %</i>           | Tier 2    | OTC                              |
| <i>diclofenac sodium topical gel 1 %</i>                     | Tier 2    | OTC                              |
| <b>Dermatological - Rosacea Therapy, Topical</b>             |           |                                  |
| <i>metronidazole topical cream 0.75 %</i>                    | Tier 2    |                                  |
| <i>metronidazole topical gel 0.75 %</i>                      | Tier 2    |                                  |
| <i>metronidazole topical lotion 0.75 %</i>                   | Tier 3    |                                  |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 %                         | Tier 5    | PA                               |
| <i>rosadan topical cream 0.75 %</i>                          | Tier 2    |                                  |
| <b>Dermatological - Topical Local Anesthetic Amides</b>      |           |                                  |
| <i>glydo mucous membrane jelly in applicator 2 %</i>         | Tier 2    | QL (270 ML per 90 days)          |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>               | Tier 2    | QL (270 ML per 90 days)          |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> | Tier 2    | QL (270 ML per 90 days)          |
| <i>lidocaine hcl topical cream 3 %</i>                       | Tier 2    | QL (255 GM per 90 days)          |
| <i>lidocaine hcl topical lotion 3 %</i>                      | Tier 2    | QL (300 ML per 90 days)          |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>        | Tier 2    | PA                               |
| <b>Dermatological Antipruritics - Antihistamines</b>         |           |                                  |
| <i>doxepin topical cream 5 %</i>                             | Tier 5    | PA                               |
| <b>Scabicide and Pediculicide Single Agents</b>              |           |                                  |
| CROTAN TOPICAL LOTION 10 %                                   | Tier 5    | ST                               |
| EURAX TOPICAL LOTION 10 %                                    | Tier 5    | ST                               |
| <i>ivermectin topical lotion 0.5 %</i>                       | Tier 4    | PA; OTC                          |
| <i>lindane topical shampoo 1 %</i>                           | Tier 3    |                                  |
| <i>malathion topical lotion 0.5 %</i>                        | Tier 3    |                                  |
| <i>permethrin topical cream 5 %</i>                          | Tier 2    |                                  |
| <i>spinosad topical suspension 0.9 %</i>                     | Tier 4    | ST; QL (360 ML per 90 days)      |
| ULESFIA TOPICAL LOTION 5 %                                   | Tier 4    | ST; QL (1362 GM per 90 days)     |
| <b>Wound Care - Growth Factor Agents</b>                     |           |                                  |
| REGRANEX TOPICAL GEL 0.01 %                                  | Tier 5    | PA                               |



| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Diagnostic Agents</b>                                                       |           |                                  |
| <b>Diagnostic - Blood Test Others</b>                                          |           |                                  |
| PRECISION XTRA B-KETONE STRIP                                                  | Tier 3    | OTC                              |
| <b>Diagnostic - Multiple Urine Tests</b>                                       |           |                                  |
| CHEMSTRIP 9 STRIP                                                              | Tier 3    | OTC                              |
| <b>Drugs to treat Erectile Dysfunction</b>                                     |           |                                  |
| <b>Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib</b>  |           |                                  |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                                      | Tier 4    | PA; QL (30 EA per 30 days)       |
| <b>Eating Disorder Therapy</b>                                                 |           |                                  |
| <b>Appetite Stimulants - Progestin Hormone Type</b>                            |           |                                  |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 2    |                                  |
| <b>Electrolyte Balance-Nutritional Products</b>                                |           |                                  |
| <b>Dietary Product - Infant Formulas</b>                                       |           |                                  |
| BCAD 1 ORAL POWDER 16.2-500 GRAM-KCAL/100 G                                    | Tier 3    |                                  |
| CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G                                    | Tier 3    |                                  |
| GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G                                     | Tier 3    |                                  |
| HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL                                         | Tier 3    |                                  |
| I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM                                | Tier 3    |                                  |
| KETONEX-1 ORAL POWDER 15-480 G-KCAL                                            | Tier 3    |                                  |
| PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM                                 | Tier 3    |                                  |
| PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G                                     | Tier 3    |                                  |
| TYREX-1 ORAL POWDER 15-480 GRAM-KCAL                                           | Tier 3    |                                  |



| Prescription Drug Name                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Electrolyte Depleters - Ion Exchange Resin</b>                                                                 |           |                                  |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>                                                       | Tier 2    |                                  |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML                                                                | Tier 2    |                                  |
| <b>Minerals and Electrolytes - Bicarbonate Producing or Containing Agents</b>                                     |           |                                  |
| <i>sodium bicarbonate intravenous solution 4.2 %</i>                                                              | Tier 5    |                                  |
| <i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)</i>                                                  | Tier 5    |                                  |
| <b>Minerals and Electrolytes - Calcium Replacement</b>                                                            |           |                                  |
| <i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>                             | Tier 5    |                                  |
| <b>Minerals and Electrolytes - Iron</b>                                                                           |           |                                  |
| <i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>                                                           | Tier 1    | ACA; Age (Max 1 Years)           |
| <i>pedia iron oral drops 15 mg iron (75 mg)/ml</i>                                                                | Tier 1    | ACA; Age (Max 1 Years)           |
| <i>pediatric fe-vite oral drops 15 mg iron (75 mg)/ml</i>                                                         | Tier 1    | ACA; Age (Max 1 Years)           |
| <b>Minerals and Electrolytes - Magnesium</b>                                                                      |           |                                  |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>    | Tier 2    |                                  |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)</i>                   | Tier 2    |                                  |
| <b>Minerals and Electrolytes - Potassium for Injection</b>                                                        |           |                                  |
| <i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i> | Tier 2    |                                  |
| <i>potassium chloride intravenous solution 2 meq/ml</i>                                                           | Tier 2    |                                  |

| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Minerals and Electrolytes - Potassium, Oral</b>                                 |           |                                  |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>                       | Tier 2    |                                  |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>                       | Tier 2    |                                  |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>                       | Tier 2    |                                  |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>             | Tier 2    |                                  |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                   | Tier 2    |                                  |
| <i>potassium chloride oral packet 20 meq</i>                                       | Tier 3    |                                  |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>       | Tier 2    |                                  |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i> | Tier 2    |                                  |
| <b>Minerals and Electrolytes - Zinc</b>                                            |           |                                  |
| <i>zinc sulfate intravenous solution 1 mg/ml</i>                                   | Tier 3    |                                  |
| <b>Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation</b>         |           |                                  |
| <i>ga powder oral powder 15.1-500 g-kcal/100 g</i>                                 | Tier 3    | PA                               |
| GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM                                   | Tier 3    |                                  |
| <b>Nutritional Product - Isovaleric Acidemia Specific Formulation</b>              |           |                                  |
| I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM                                    | Tier 3    |                                  |
| I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM                                    | Tier 3    |                                  |
| <i>lmd powder oral powder 16.2 gram-500 kcal/100 gram</i>                          | Tier 3    | PA                               |
| <b>Nutritional Product - Methionine-Free Specific Formulation</b>                  |           |                                  |
| HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL                                             | Tier 3    |                                  |

| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Nutritional Product - MSUD Specific Formulation</b>                  |           |                                  |
| KETONEX-1 ORAL POWDER 15-480 G-KCAL                                     | Tier 3    |                                  |
| KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL                                  | Tier 3    |                                  |
| MSUD EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-297 KCAL/100 GRAM          | Tier 3    | PA                               |
| <b>Nutritional Product - Nutritional Therapy</b>                        |           |                                  |
| ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM                      | Tier 3    |                                  |
| EQUACARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM                     | Tier 3    |                                  |
| PFD 2 ORAL POWDER 400 KCAL/100 GRAM                                     | Tier 3    |                                  |
| <b>Nutritional Product - Phenylketonuria (PKU) Specific Formulation</b> |           |                                  |
| PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G                             | Tier 3    |                                  |
| PHENYLADE 40 ORAL POWDER IN PACKET 10 GRAM-84 KCAL/25 GRAM              | Tier 3    | PA                               |
| PHENYLADE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G                  | Tier 3    | PA                               |
| PHENYLADE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM     | Tier 3    | PA                               |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G              | Tier 3    | PA                               |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM | Tier 3    | PA                               |
| PKU AIR20 ORAL LIQUID IN PACKET 20 GRAM-100 KCAL/174 ML                 | Tier 3    | PA                               |
| PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML                       | Tier 3    | PA                               |
| PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML                       | Tier 3    | PA                               |
| PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML                       | Tier 3    | PA                               |

| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PKU EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM      | Tier 3    | PA                               |
| PKU EXPRESS20 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM      | Tier 3    | PA                               |
| PKU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-317 KCAL/100 GRAM, 41.7 GRAM-338 KCAL/100 GRAM | Tier 3    | PA                               |
| PKU GO ORAL POWDER IN PACKET 50 GRAM-325 KCAL/100 GRAM                                        | Tier 3    | PA                               |
| PKU SPHERE15 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM                                  | Tier 3    | PA                               |
| PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM                                  | Tier 3    | PA                               |
| <b>Nutritional Product - Propionic Acidemia Specific Formulation</b>                          |           |                                  |
| PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G                                                    | Tier 3    |                                  |
| PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL                                                       | Tier 3    |                                  |
| <b>Nutritional Product - Tyrosinemia Specific Formulation</b>                                 |           |                                  |
| TYREX-1 ORAL POWDER 15-480 GRAM-KCAL                                                          | Tier 3    |                                  |
| TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM                                                 | Tier 3    |                                  |
| TYROS 2 ORAL POWDER 22 GRAM-410 KCAL/100 GRAM                                                 | Tier 3    |                                  |
| <b>Nutritional Product - Urea Cycle Disorder Specific Formulation</b>                         |           |                                  |
| CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM                                              | Tier 3    |                                  |
| WND 2 ORAL POWDER 8.2-410 G-KCAL/100 G                                                        | Tier 3    |                                  |
| <b>Pediatric Vitamins with Fluoride Combinations</b>                                          |           |                                  |
| <i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>                                       | Tier 2    |                                  |
| <i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>                 | Tier 2    |                                  |

| <b>Prescription Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|----------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>multivitamin with fluoride oral tablet, chewable 0.5 mg</i>                                                             | Tier 2           |                                         |
| <i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 1 mg</i>                                                     | Tier 2           |                                         |
| <i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>                                                            | Tier 2           |                                         |
| <i>quflora pediatric drops oral drops 0.5 mg fluoride (1.1 mg)/ml</i>                                                      | Tier 2           |                                         |
| <i>quflora pediatric oral tablet, chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i> | Tier 2           |                                         |
| <i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>                       | Tier 2           |                                         |
| <i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>                          | Tier 2           |                                         |
| <i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>                     | Tier 2           |                                         |
| <b>Sodium Chloride, Parenteral</b>                                                                                         |                  |                                         |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                                                               | Tier 2           |                                         |
| <i>sodium chloride 0.9 % intravenous piggyback</i>                                                                         | Tier 2           |                                         |
| <b>Vitamins - B-12, Cyanocobalamin and derivatives</b>                                                                     |                  |                                         |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>                                                       | Tier 2           |                                         |
| <i>dodex injection solution 1,000 mcg/ml</i>                                                                               | Tier 2           |                                         |
| <b>Vitamins - B-3, Niacin and Derivatives</b>                                                                              |                  |                                         |
| <i>niacin (inositol niacinate) oral tablet 500 mg</i>                                                                      | Tier 2           |                                         |
| <b>Vitamins - B-6, Pyridoxine and Derivatives</b>                                                                          |                  |                                         |
| <i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>                                                                    | Tier 2           |                                         |
| <i>vitamin b-6 oral tablet 25 mg, 50 mg</i>                                                                                | Tier 2           |                                         |
| <b>Vitamins - D Derivatives</b>                                                                                            |                  |                                         |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                                                           | Tier 2           |                                         |

| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------|-----------|----------------------------------|
| <i>calcitriol oral solution 1 mcg/ml</i>                                   | Tier 2    |                                  |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>   | Tier 2    |                                  |
| <i>decara oral capsule 1,250 mcg (50,000 unit)</i>                         | Tier 2    |                                  |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>    | Tier 2    |                                  |
| <i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>                     | Tier 2    |                                  |
| <i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>                     | Tier 2    |                                  |
| <i>weekly-d oral capsule 1,250 mcg (50,000 unit)</i>                       | Tier 2    |                                  |
| <b>Vitamins - Folic Acid and Derivatives</b>                               |           |                                  |
| <i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>                       | Tier 1    | ACA; QL (30 EA per 30 days)      |
| <b>Vitamins - K, Phytonadione and Derivatives</b>                          |           |                                  |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                          | Tier 2    |                                  |
| <b>Endocrine</b>                                                           |           |                                  |
| <b>Agents to treat Hypoglycemia (Hyperglycemics)</b>                       |           |                                  |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION                            | Tier 3    |                                  |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG                   | Tier 1    | ACA                              |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | Tier 3    |                                  |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | Tier 3    |                                  |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML   | Tier 3    |                                  |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML   | Tier 3    |                                  |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML            | Tier 3    |                                  |

| Prescription Drug Name                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                                                                      | Tier 3    |                                  |
| <b>Anabolic Steroid - Single Agents</b>                                                                                   |           |                                  |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>                                                                              | Tier 5    | PA; QL (60 EA per 30 days)       |
| <b>Androgen - Single Agents</b>                                                                                           |           |                                  |
| KYZATREX ORAL CAPSULE 100 MG                                                                                              | Tier 3    | PA; QL (60 EA per 30 days)       |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG                                                                                      | Tier 3    | PA; QL (120 EA per 30 days)      |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>                                                      | Tier 2    |                                  |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                                                                 | Tier 2    | PA                               |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>                                      | Tier 3    | PA                               |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> | Tier 3    | PA                               |
| <b>Antidiuretic and Vasopressor Hormones</b>                                                                              |           |                                  |
| <i>desmopressin injection solution 4 mcg/ml</i>                                                                           | Tier 5    | PA                               |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>                                                           | Tier 3    |                                  |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>                                                         | Tier 3    |                                  |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>                                                                            | Tier 2    |                                  |
| <b>Antihyperglycemic - Alpha-Glucosidase Inhibitors</b>                                                                   |           |                                  |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                                          | Tier 2    |                                  |
| <i>miglitol oral tablet 25 mg, 50 mg</i>                                                                                  | Tier 2    |                                  |
| <b>Antihyperglycemic - Amylin Analog-Type</b>                                                                             |           |                                  |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                                                  | Tier 5    | PA                               |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                                                   | Tier 5    | PA                               |
| <b>Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>                                                      |           |                                  |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                  | Tier 3    | QL (30 EA per 30 days)           |



| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antihyperglycemic - Dopamine Receptor Agonists</b>                                               |           |                                  |
| CYCLOSET ORAL TABLET 0.8 MG                                                                         | Tier 4    |                                  |
| <b>Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</b>                        |           |                                  |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML                                              | Tier 3    | QL (0.85 ML per 7 days)          |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML                                     | Tier 3    | QL (2.4 ML per 30 days)          |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML                                     | Tier 3    | QL (1.2 ML per 30 days)          |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)                                    | Tier 3    | QL (1.5 ML per 28 days)          |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)                      | Tier 3    | QL (3 ML per 28 days)            |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                                              | Tier 3    | QL (30 EA per 30 days)           |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML       | Tier 3    | QL (2 ML per 28 days)            |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                  | Tier 3    | QL (9 ML per 30 days)            |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                  | Tier 3    | QL (9 ML per 30 days)            |
| <b>Antihyperglycemic - Meglitinide Analogs</b>                                                      |           |                                  |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                        | Tier 2    |                                  |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                   | Tier 2    |                                  |
| <b>Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations</b>                              |           |                                  |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                               | Tier 3    | QL (60 EA per 30 days)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG | Tier 3    | QL (30 EA per 30 days)           |

| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | Tier 3    | QL (30 EA per 30 days)           |
| <b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors</b>                             |           |                                  |
| FARXIGA ORAL TABLET 10 MG, 5 MG                                                                          | Tier 3    | QL (1 EA per 1 day)              |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                                       | Tier 3    | QL (30 EA per 30 days)           |
| <b>Antihyperglycemic - Sulfonylurea and Biguanide Combinations</b>                                       |           |                                  |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                                  | Tier 2    |                                  |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                                 | Tier 6    |                                  |
| <b>Antihyperglycemic - Sulfonylurea Derivatives</b>                                                      |           |                                  |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                          | Tier 6    |                                  |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                                 | Tier 2    |                                  |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>                                   | Tier 2    | QL (60 EA per 30 days)           |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                                               | Tier 6    |                                  |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                                       | Tier 6    |                                  |
| <b>Antihyperglycemic - Thiazolidinedione and Biguanide Combinations</b>                                  |           |                                  |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>                                           | Tier 2    |                                  |
| <b>Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations</b>                               |           |                                  |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                             | Tier 2    |                                  |
| <b>Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide</b>                            |           |                                  |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                                               | Tier 3    | QL (60 EA per 30 days)           |

| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| JANUMET XR ORAL TABLET, ER<br>MULTIPHASE 24 HR 100-1,000 MG, 50-<br>1,000 MG, 50-500 MG  | Tier 3    | QL (30 EA per 30 days)           |
| <b>Antihyperglycemic-Insulin, Long<br/>Acting and GLP-1 Receptor Agonist<br/>Comb</b>    |           |                                  |
| SOLIQUA 100/33 SUBCUTANEOUS<br>INSULIN PEN 100 UNIT-33 MCG/ML                            | Tier 3    | QL (30 ML per 28 days)           |
| XULTOPHY 100/3.6 SUBCUTANEOUS<br>INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)                  | Tier 3    | QL (15 ML per 28 days)           |
| <b>Antithyroid Agents, Thionamides -<br/>Imidazole Derivatives</b>                       |           |                                  |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                               | Tier 2    |                                  |
| <b>Antithyroid Agents, Thionamides -<br/>Thiouracil Derivatives</b>                      |           |                                  |
| <i>propylthiouracil oral tablet 50 mg</i>                                                | Tier 2    |                                  |
| <b>Bone Formation Stimulating Agents -<br/>Parathyroid Hormone Rel Peptides</b>          |           |                                  |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56 ML)                           | Tier 5    | PA; SP                           |
| <b>Bone Formation Stimulating Agents -<br/>Parathyroid Hormone-Type</b>                  |           |                                  |
| FORTEO SUBCUTANEOUS PEN<br>INJECTOR 20 MCG/DOSE<br>(600MCG/2.4ML)                        | Tier 5    | PA; SP                           |
| <b>Bone Resorption Inhibitors -<br/>Bisphosphonates</b>                                  |           |                                  |
| <i>alendronate oral tablet 10 mg</i>                                                     | Tier 6    | QL (30 EA per 30 days)           |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                                              | Tier 6    | QL (4 EA per 28 days)            |
| <i>alendronate oral tablet 5 mg</i>                                                      | Tier 2    | QL (30 EA per 30 days)           |
| <i>ibandronate oral tablet 150 mg</i>                                                    | Tier 2    | QL (1 EA per 28 days)            |
| <i>pamidronate intravenous recon soln 30<br/>mg, 90 mg</i>                               | Tier 2    |                                  |
| <i>pamidronate intravenous solution 30<br/>mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | Tier 2    |                                  |
| <i>risedronate oral tablet 150 mg</i>                                                    | Tier 2    | QL (1 EA per 28 days)            |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                                               | Tier 2    | QL (30 EA per 30 days)           |
| <i>risedronate oral tablet 35 mg</i>                                                     | Tier 2    |                                  |
| <i>zoledronic acid-mannitol-water<br/>intravenous piggyback 5 mg/100 ml</i>              | Tier 4    | SP                               |

| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer</b>                                                                |           |                                  |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>                                                                                     | Tier 5    | PA; SP                           |
| <b>Calcitonins</b>                                                                                                                    |           |                                  |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i>                                                                             | Tier 5    | PA                               |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>                                                                | Tier 2    |                                  |
| <b>Estrogen-Progestin</b>                                                                                                             |           |                                  |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                                                       | Tier 2    |                                  |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                                  | Tier 2    |                                  |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                                                 | Tier 1    | ACA; QL (28 EA per 28 days)      |
| <i>jinteli oral tablet 1-5 mg-mcg</i>                                                                                                 | Tier 1    | ACA; QL (28 EA per 28 days)      |
| <i>mimvey oral tablet 1-0.5 mg</i>                                                                                                    | Tier 2    |                                  |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                          | Tier 1    | ACA; QL (28 EA per 28 days)      |
| <b>Estrogens</b>                                                                                                                      |           |                                  |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML                                                                                              | Tier 4    |                                  |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>                | Tier 2    | QL (8 EA per 28 days)            |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                       | Tier 2    |                                  |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>            | Tier 2    | QL (8 EA per 28 days)            |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 2    | QL (4 EA per 28 days)            |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>                                                                        | Tier 2    |                                  |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION                                                                     | Tier 4    |                                  |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>              | Tier 2    | QL (8 EA per 28 days)            |

| Prescription Drug Name                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Fertility Enhancer - Luteal Phase Supporting, Progesterone-type</b>                                                                         |           |                                  |
| CRINONE VAGINAL GEL 8 %                                                                                                                        | Tier 5    | PA                               |
| <b>Glucocorticoids</b>                                                                                                                         |           |                                  |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML                                                                                                      | Tier 4    |                                  |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML                                                                                                      | Tier 2    |                                  |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                                                                                   | Tier 2    |                                  |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                                               | Tier 6    |                                  |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>                                                                              | Tier 2    |                                  |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>                                                                              | Tier 2    |                                  |
| <i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>                                                                               | Tier 3    |                                  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                           | Tier 2    |                                  |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                                                 | Tier 2    |                                  |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>                                                                                          | Tier 2    |                                  |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                                   | Tier 2    |                                  |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 2    |                                  |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                                                                   | Tier 4    |                                  |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                                      | Tier 2    |                                  |
| <i>prednisone oral tablet 1 mg, 50 mg</i>                                                                                                      | Tier 2    |                                  |
| <i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                                                       | Tier 6    |                                  |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>                                                                                           | Tier 2    |                                  |
| <b>Gonadotropin Inhibitor Pituitary Suppressants</b>                                                                                           |           |                                  |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                                                              | Tier 2    | PA                               |

| Prescription Drug Name                                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Growth Hormone Receptor Antagonists</b>                                                                                                      |           |                                  |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                                                              | Tier 5    | PA; SP                           |
| <b>Growth Hormones</b>                                                                                                                          |           |                                  |
| NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 5    | PA; SP                           |
| <b>Human Insulins - Fixed Combinations</b>                                                                                                      |           |                                  |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)                                                                         | Tier 3    | OTC                              |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)                                                                        | Tier 3    | OTC                              |
| <b>Human Insulins - Intermediate Acting</b>                                                                                                     |           |                                  |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                                                                   | Tier 3    | OTC                              |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                                                                 | Tier 3    | OTC                              |
| <b>Human Insulins - Short Acting</b>                                                                                                            |           |                                  |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                                                                   | Tier 3    | OTC                              |
| NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML                                                                                  | Tier 3    | OTC                              |
| <b>Insulin Analogs - Long Acting</b>                                                                                                            |           |                                  |
| <i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>                                                         | Tier 3    |                                  |
| <i>insulin degludec subcutaneous solution 100 unit/ml</i>                                                                                       | Tier 3    |                                  |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                                                       | Tier 3    |                                  |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                                                          | Tier 3    |                                  |

| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 3    |                                  |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | Tier 3    |                                  |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | Tier 3    |                                  |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | Tier 3    |                                  |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | Tier 3    |                                  |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | Tier 3    |                                  |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | Tier 3    |                                  |
| <b>Insulin Analogs - Rapid Acting</b>                                       |           |                                  |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML          | Tier 4    | PA                               |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                      | Tier 4    | PA                               |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | Tier 3    |                                  |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)       | Tier 3    |                                  |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                       | Tier 3    |                                  |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML            | Tier 3    |                                  |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML              | Tier 3    |                                  |
| <b>Insulin Response Enhancers - Biguanides</b>                              |           |                                  |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                       | Tier 6    |                                  |



| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>           | Tier 6    |                                  |
| <b>Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists)</b> |           |                                  |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>                          | Tier 6    | QL (30 EA per 30 days)           |
| <b>Insulin-like Growth Factor-1 (IGF-1)</b>                                  |           |                                  |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                                      | Tier 5    | PA; SP                           |
| <b>LHRH (GnRH) Agonist Analog Pituitary Suppressants</b>                     |           |                                  |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG                    | Tier 5    | PA; SP                           |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG                               | Tier 5    | PA; SP                           |
| <b>Menopausal Symptoms Suppressant - Hormonal Agents</b>                     |           |                                  |
| INTRAROSA VAGINAL INSERT 6.5 MG                                              | Tier 4    | PA                               |
| <b>Mineralocorticoids</b>                                                    |           |                                  |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                    | Tier 2    |                                  |
| <b>Oxytocic - Ergot Alkaloids</b>                                            |           |                                  |
| <i>methylergonovine oral tablet 0.2 mg</i>                                   | Tier 2    |                                  |
| <b>Oxytocic - Oxytocin and Analogs</b>                                       |           |                                  |
| OXYTOCIN INJECTION SOLUTION 10 UNIT/ML                                       | Tier 5    |                                  |
| PITOCIN INJECTION SOLUTION 10 UNIT/ML                                        | Tier 5    |                                  |
| <b>Progestins</b>                                                            |           |                                  |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>                   | Tier 2    |                                  |
| <i>norethindrone acetate oral tablet 5 mg</i>                                | Tier 2    |                                  |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                   | Tier 2    |                                  |
| <b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists</b>     |           |                                  |
| <i>cabergoline oral tablet 0.5 mg</i>                                        | Tier 2    |                                  |

| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits           |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>RANK ligand (RANKL) inhibitor, MC Antibody</b>                                                        |           |                                            |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                                                                     | Tier 5    | PA; SP                                     |
| <b>Selective Estrogen Receptor Modulators (SERMs)</b>                                                    |           |                                            |
| <i>raloxifene oral tablet 60 mg</i>                                                                      | Tier 1    | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA |
| <b>Somatostatic Agents</b>                                                                               |           |                                            |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>                                                     | Tier 5    | PA; SP                                     |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 3    | PA; SP                                     |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>       | Tier 3    | PA; SP                                     |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG                   | Tier 5    | PA; SP                                     |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG               | Tier 5    | PA; SP                                     |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)                      | Tier 5    | PA; SP                                     |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML                          | Tier 5    | PA; SP                                     |
| <b>Thyroid Hormone Combinations - Synthetic T3 and T4</b>                                                |           |                                            |
| THYROLAR-1 ORAL TABLET 12.5-50 MCG                                                                       | Tier 3    |                                            |
| THYROLAR-1/2 ORAL TABLET 6.25-25 MCG                                                                     | Tier 3    |                                            |
| THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG                                                                    | Tier 3    |                                            |
| THYROLAR-2 ORAL TABLET 25-100 MCG                                                                        | Tier 3    |                                            |
| THYROLAR-3 ORAL TABLET 37.5-150 MCG                                                                      | Tier 3    |                                            |

| Prescription Drug Name                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Thyroid Hormones - Animal Source (Porcine)</b>                                                                                       |           |                                  |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG                                                   | Tier 3    |                                  |
| <i>np thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                                               | Tier 3    |                                  |
| <i>np thyroid oral tablet 15 mg</i>                                                                                                     | Tier 2    |                                  |
| <b>Thyroid Hormones - Synthetic T3 (Triiodothyronine)</b>                                                                               |           |                                  |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG                                                                                               | Tier 3    |                                  |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                   | Tier 2    |                                  |
| <b>Thyroid Hormones - Synthetic T4 (Thyroxine)</b>                                                                                      |           |                                  |
| <i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>               | Tier 2    |                                  |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG               | Tier 3    |                                  |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 2    |                                  |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                       | Tier 3    |                                  |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG            | Tier 3    |                                  |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG            | Tier 3    |                                  |

| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Gastrointestinal Therapy Agents</b>                                             |           |                                  |
| <b>Antidiarrheal - Antiperistaltic Agents</b>                                      |           |                                  |
| <i>loperamide oral capsule 2 mg</i>                                                | Tier 2    |                                  |
| <b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations</b>                  |           |                                  |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                        | Tier 2    |                                  |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                             | Tier 2    |                                  |
| MOTOFEN ORAL TABLET 1-0.025 MG                                                     | Tier 4    | PA                               |
| <b>Antiemetic - Anticholinergics</b>                                               |           |                                  |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>                   | Tier 2    | QL (10 EA per 30 days)           |
| <b>Antiemetic - Antihistamines</b>                                                 |           |                                  |
| <i>dramamine (meclizine) oral tablet 25 mg</i>                                     | Tier 2    | OTC                              |
| <i>dramamine less drowsy oral tablet 25 mg</i>                                     | Tier 2    | OTC                              |
| <i>meclizine oral tablet 12.5 mg</i>                                               | Tier 2    | OTC                              |
| <i>meclizine oral tablet 25 mg</i>                                                 | Tier 2    |                                  |
| <i>medi-meclizine oral tablet 25 mg</i>                                            | Tier 2    | OTC                              |
| <i>motion sickness (meclizine) oral tablet 25 mg</i>                               | Tier 2    | OTC                              |
| <i>motion sickness relief(mecliz) oral tablet 25 mg</i>                            | Tier 2    | OTC                              |
| <i>travel-ease (meclizine) oral tablet 25 mg</i>                                   | Tier 2    | OTC                              |
| <i>verticalm oral tablet 25 mg</i>                                                 | Tier 2    | OTC                              |
| <i>wal-dram 2 oral tablet 25 mg</i>                                                | Tier 2    | OTC                              |
| <b>Antiemetic - Cannabinoid Type</b>                                               |           |                                  |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                 | Tier 3    | QL (60 EA per 30 days)           |
| <b>Antiemetic - Dopamine (D2)/5-HT3 Antagonists</b>                                |           |                                  |
| <i>trimethobenzamide oral capsule 300 mg</i>                                       | Tier 2    |                                  |
| <b>Antiemetic - Phenothiazines</b>                                                 |           |                                  |
| <i>compro rectal suppository 25 mg</i>                                             | Tier 2    |                                  |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i> | Tier 2    |                                  |
| <i>prochlorperazine rectal suppository 25 mg</i>                                   | Tier 2    |                                  |
| <i>promethazine rectal suppository 50 mg</i>                                       | Tier 2    | QL (12 EA per 30 days)           |
| <i>promethegan rectal suppository 25 mg</i>                                        | Tier 2    | QL (12 EA per 30 days)           |

| Prescription Drug Name                                                                                                                                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiemetic - Selective Serotonin 5-HT3 Antagonists</b>                                                                                                                                                                                       |           |                                  |
| <i>granisetron hcl oral tablet 1 mg</i>                                                                                                                                                                                                         | Tier 4    | QL (60 EA per 30 days)           |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                                                                                                                                                                                  | Tier 2    | QL (800 ML per 84 days)          |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                                                                                                                                                                                   | Tier 2    | QL (72 EA per 84 days)           |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                                                                                                                                                                                       | Tier 2    | QL (72 EA per 84 days)           |
| <b>Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists</b>                                                                                                                                                                         |           |                                  |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>                                                                                                                                                                                             | Tier 4    | ST                               |
| VARUBI ORAL TABLET 90 MG                                                                                                                                                                                                                        | Tier 5    | PA; QL (4 EA per 28 days)        |
| <b>Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists</b>                                                                                                                                                                   |           |                                  |
| TRULANCE ORAL TABLET 3 MG                                                                                                                                                                                                                       | Tier 4    | PA                               |
| <b>Colonic Acidifier (Ammonia Inhibitor)</b>                                                                                                                                                                                                    |           |                                  |
| <i>enulose oral solution 10 gram/15 ml</i>                                                                                                                                                                                                      | Tier 2    |                                  |
| <i>generlac oral solution 10 gram/15 ml</i>                                                                                                                                                                                                     | Tier 2    |                                  |
| <i>lactulose oral solution 10 gram/15 ml (15 ml)</i>                                                                                                                                                                                            | Tier 2    |                                  |
| <b>Digestive Enzyme Mixtures</b>                                                                                                                                                                                                                |           |                                  |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | Tier 3    |                                  |
| <b>Gallstone Solubilizing (Litholysis) Agents</b>                                                                                                                                                                                               |           |                                  |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                                                                                                             | Tier 4    |                                  |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                                                                                                                                      | Tier 3    |                                  |
| <b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists</b>                                                                                                                                                                       |           |                                  |
| <i>acid controller oral tablet 20 mg</i>                                                                                                                                                                                                        | Tier 2    | OTC                              |
| <i>acid reducer (cimetidine) oral tablet 200 mg</i>                                                                                                                                                                                             | Tier 2    | OTC                              |
| <i>acid reducer (famotidine) oral tablet 20 mg</i>                                                                                                                                                                                              | Tier 2    | OTC                              |

| Prescription Drug Name                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|-----------|----------------------------------|
| <i>acid-pep oral tablet 20 mg</i>                                         | Tier 2    | OTC                              |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                           | Tier 2    |                                  |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>              | Tier 2    |                                  |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>                    | Tier 2    |                                  |
| <i>famotidine intravenous solution 10 mg/ml</i>                           | Tier 2    |                                  |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>                    | Tier 2    |                                  |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                | Tier 2    |                                  |
| <i>heartburn prevention oral tablet 20 mg</i>                             | Tier 2    | OTC                              |
| <i>heartburn relief (cimetidine) oral tablet 200 mg</i>                   | Tier 2    | OTC                              |
| <i>heartburn relief (famotidine) oral tablet 20 mg</i>                    | Tier 2    | OTC                              |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                             | Tier 3    |                                  |
| <i>zantac-360 (famotidine) oral tablet 20 mg</i>                          | Tier 2    | OTC                              |
| <b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs)</b>     |           |                                  |
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>   | Tier 4    | ST; QL (30 EA per 30 days)       |
| <i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i>   | Tier 2    | QL (30 EA per 30 days)           |
| <i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i>             | Tier 2    | QL (30 EA per 30 days)           |
| <i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg, 40 mg</i> | Tier 6    | QL (60 EA per 30 days)           |
| <i>pantoprazole oral tablet,delayed release (drlec) 20 mg, 40 mg</i>      | Tier 2    | QL (60 EA per 30 days)           |
| <i>rabeprazole oral tablet,delayed release (drlec) 20 mg</i>              | Tier 2    | QL (30 EA per 30 days)           |
| <b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs</b>              |           |                                  |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                           | Tier 2    |                                  |
| <b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists</b>  |           |                                  |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                      | Tier 3    |                                  |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>                       | Tier 3    |                                  |

| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                            | Tier 2    |                                  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                            | Tier 2    |                                  |
| <b>GI Antispasmodic - Belladonna Alkaloids</b>                               |           |                                  |
| <i>ed-spaz oral tablet,disintegrating 0.125 mg</i>                           | Tier 2    |                                  |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                              | Tier 2    |                                  |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>               | Tier 2    |                                  |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>                        | Tier 2    |                                  |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                              | Tier 3    |                                  |
| <i>oscimin oral tablet 0.125 mg</i>                                          | Tier 2    |                                  |
| <i>oscimin sl sublingual tablet 0.125 mg</i>                                 | Tier 2    |                                  |
| <b>GI Antispasmodic - Quaternary Ammonium Compounds</b>                      |           |                                  |
| <i>glycopyrrolate oral tablet 2 mg</i>                                       | Tier 2    |                                  |
| <b>GI Antispasmodic - Synthetic Tertiary Amines</b>                          |           |                                  |
| <i>dicyclomine oral capsule 10 mg</i>                                        | Tier 2    |                                  |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                  | Tier 2    |                                  |
| <i>dicyclomine oral tablet 20 mg</i>                                         | Tier 2    |                                  |
| <b>IBS Agent - Gastrointestinal Chloride Channel Activator Agents</b>        |           |                                  |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                               | Tier 4    | QL (60 EA per 30 days)           |
| <b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists</b>                       |           |                                  |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                | Tier 3    | QL (30 EA per 30 days)           |
| TRULANCE ORAL TABLET 3 MG                                                    | Tier 4    | PA                               |
| <b>Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab</b> |           |                                  |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                   | Tier 5    | PA; SP                           |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                                        | Tier 5    | PA; SP                           |



| Prescription Drug Name                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab</b> |           |                                  |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML                                     | Tier 5    | PA; SP                           |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)          | Tier 5    | PA; SP                           |
| <b>Inflammatory Bowel Agent - Aminosalicylates and Related Agents</b>     |           |                                  |
| <i>balsalazide oral capsule 750 mg</i>                                    | Tier 2    |                                  |
| DIPENTUM ORAL CAPSULE 250 MG                                              | Tier 4    | PA                               |
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>           | Tier 4    | QL (120 EA per 30 days)          |
| <i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i>            | Tier 4    | QL (120 EA per 30 days)          |
| <i>mesalamine oral tablet,delayed release (drlec) 800 mg</i>              | Tier 4    | QL (180 EA per 30 days)          |
| <i>mesalamine rectal enema 4 gram/60 ml</i>                               | Tier 3    | QL (1680 ML per 28 days)         |
| <i>mesalamine rectal suppository 1,000 mg</i>                             | Tier 5    | PA                               |
| <i>sulfasalazine oral tablet 500 mg</i>                                   | Tier 2    |                                  |
| <i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i>           | Tier 2    |                                  |
| <b>Inflammatory Bowel Agent - Glucocorticoids</b>                         |           |                                  |
| <i>budesonide oral capsule,delayed,extend.release 3 mg</i>                | Tier 3    |                                  |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                           | Tier 2    |                                  |
| <b>Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors</b>           |           |                                  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                           | Tier 5    | PA; SP                           |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                           | Tier 5    | PA; SP                           |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG                       | Tier 5    | PA; SP                           |

| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers</b>                          |           |                                  |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                            | Tier 5    | PA; SP                           |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                         | Tier 5    | PA; SP                           |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                                     | Tier 5    | PA; SP                           |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                        | Tier 5    | PA; SP                           |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                       | Tier 5    | PA; SP                           |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                                           | Tier 5    | PA; SP                           |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                                    | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML          | Tier 5    | PA; SP                           |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML                         | Tier 5    | PA; SP                           |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                                  | Tier 5    | PA; SP                           |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML                                                     | Tier 5    | PA; SP                           |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML                                                          | Tier 5    | PA; SP                           |

| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits  |
|--------------------------------------------------------------------------------|-----------|-----------------------------------|
| <b>Irritable Bowel Syndrome (IBS) Agents</b>                                   |           |                                   |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i>                                      | Tier 5    | PA                                |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                 | Tier 4    | QL (60 EA per 30 days)            |
| <b>Laxative - Saline and Osmotic</b>                                           |           |                                   |
| <i>constulose oral solution 10 gram/15 ml</i>                                  | Tier 2    |                                   |
| KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM                                        | Tier 4    | PA                                |
| <i>lactulose oral packet 10 gram</i>                                           | Tier 4    | PA                                |
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>                    | Tier 2    |                                   |
| <b>Laxative - Saline/Osmotic Mixtures</b>                                      |           |                                   |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i>                   | Tier 1    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i>                   | Tier 1    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>         | Tier 1    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> | Tier 3    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| <i>peg-electrolyte soln oral recon soln 420 gram</i>                           | Tier 2    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>        | Tier 3    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM                                      | Tier 3    | \$0 COPAY IF AGE 45-75 YEARS; ACA |
| <b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives</b>                   |           |                                   |
| <i>sucralfate oral suspension 100 mg/ml</i>                                    | Tier 4    | PA                                |
| <i>sucralfate oral tablet 1 gram</i>                                           | Tier 2    |                                   |
| <b>Genitourinary Therapy</b>                                                   |           |                                   |
| <b>Cystinosis Therapy (Cystine Depleting Agents)</b>                           |           |                                   |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                            | Tier 3    | PA; SP                            |
| <b>G.U. Irrigants</b>                                                          |           |                                   |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML                   | Tier 4    |                                   |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>G.U. Irrigants - Anti-infective</b>                                        |           |                                  |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>      | Tier 2    |                                  |
| <b>Interstitial Cystitis Agents</b>                                           |           |                                  |
| ELMIRON ORAL CAPSULE 100 MG                                                   | Tier 5    | PA                               |
| <b>Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist</b>        |           |                                  |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                     | Tier 5    | PA                               |
| <b>Phosphate Binders</b>                                                      |           |                                  |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                     | Tier 2    |                                  |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                      | Tier 2    |                                  |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>                | Tier 5    | PA                               |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML                           | Tier 3    | PA                               |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>           | Tier 5    | PA                               |
| <i>sevelamer carbonate oral tablet 800 mg</i>                                 | Tier 3    |                                  |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                               | Tier 4    | PA                               |
| <b>Phosphate Binders - Calcium-based</b>                                      |           |                                  |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML                           | Tier 3    | PA                               |
| <b>Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists</b>         |           |                                  |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                     | Tier 2    |                                  |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                      | Tier 3    | PA                               |
| <i>tamsulosin oral capsule 0.4 mg</i>                                         | Tier 2    |                                  |
| <b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors</b>     |           |                                  |
| <i>finasteride oral tablet 5 mg</i>                                           | Tier 2    |                                  |
| <b>Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors</b> |           |                                  |
| <i>dutasteride oral capsule 0.5 mg</i>                                        | Tier 2    |                                  |
| <b>Urinary Alkalinizer - Citrates</b>                                         |           |                                  |
| <i>cytra-2 oral solution 500-334 mg/5 ml</i>                                  | Tier 2    |                                  |
| <i>cytra-3 oral solution 550-500-334 mg/5 ml</i>                              | Tier 2    |                                  |

| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>cytra-k oral solution 1,100-334 mg/5 ml</i>                                                  | Tier 3    |                                  |
| <i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>                         | Tier 2    |                                  |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | Tier 3    |                                  |
| <i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>                            | Tier 3    |                                  |
| <i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>                                 | Tier 2    |                                  |
| <i>virtrate-2 oral solution 500-334 mg/5 ml</i>                                                 | Tier 2    |                                  |
| <i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>                                             | Tier 2    |                                  |
| <i>virtrate-k oral solution 1,100-334 mg/5 ml</i>                                               | Tier 3    |                                  |
| <b>Urinary Analgesics</b>                                                                       |           |                                  |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>                                               | Tier 2    |                                  |
| <b>Urinary Antibacterial - Nitrofurantoin Derivatives</b>                                       |           |                                  |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                            | Tier 2    |                                  |
| <i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>                                     | Tier 2    |                                  |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                                                | Tier 2    |                                  |
| <b>Urinary Antispasmodic - Anticholinergic, M(3) Muscarinic Selective (Bladder)</b>             |           |                                  |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>                             | Tier 3    | ST                               |
| <i>solifenacin oral tablet 10 mg, 5 mg</i>                                                      | Tier 3    | ST                               |
| <b>Urinary Antispasmodic - Anticholinergics, Non-Selective</b>                                  |           |                                  |
| <i>ed-spaz oral tablet, disintegrating 0.125 mg</i>                                             | Tier 2    |                                  |
| <i>oscimin oral tablet 0.125 mg</i>                                                             | Tier 2    |                                  |
| <i>oscimin sl sublingual tablet 0.125 mg</i>                                                    | Tier 2    |                                  |
| <b>Urinary Antispasmodic - Smooth Muscle Relaxants</b>                                          |           |                                  |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>                               | Tier 4    | ST                               |
| <i>flavoxate oral tablet 100 mg</i>                                                             | Tier 3    |                                  |

| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                       | Tier 2    |                                  |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                           | Tier 2    |                                  |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>       | Tier 2    |                                  |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>                      | Tier 3    | ST                               |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                             | Tier 3    | ST                               |
| <i>trospium oral capsule,extended release 24hr 60 mg</i>                              | Tier 3    | ST                               |
| <i>trospium oral tablet 20 mg</i>                                                     | Tier 3    | ST                               |
| <b>Urinary Retention Therapy - Parasympathomimetic Agents</b>                         |           |                                  |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                     | Tier 2    |                                  |
| <b>Gout and Hyperuricemia Therapy</b>                                                 |           |                                  |
| <b>Gout Acute Therapy - Antimitotics</b>                                              |           |                                  |
| <i>colchicine oral capsule 0.6 mg</i>                                                 | Tier 3    |                                  |
| <i>colchicine oral tablet 0.6 mg</i>                                                  | Tier 3    |                                  |
| <b>Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations</b>                   |           |                                  |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                                   | Tier 2    |                                  |
| <b>Hyperuricemia Therapy - Uricosurics</b>                                            |           |                                  |
| <i>probenecid oral tablet 500 mg</i>                                                  | Tier 2    |                                  |
| <b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors</b>                            |           |                                  |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                         | Tier 6    |                                  |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                            | Tier 3    | ST                               |
| <b>Hematological Agents</b>                                                           |           |                                  |
| <b>Anticoagulants - Coumarin</b>                                                      |           |                                  |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 6    |                                  |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 6    |                                  |
| <b>Direct Factor Xa Inhibitors</b>                                                    |           |                                  |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                  | Tier 3    | QL (222 EA per 90 days)          |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG                                                      | Tier 3    | QL (60 EA per 30 days)           |

| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)                                                                | Tier 3    | QL (51 EA per 30 days)           |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG                                                                                           | Tier 3    | QL (60 EA per 30 days)           |
| <b>Erythropoietins</b>                                                                                                                    |           |                                  |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 5    | PA; SP                           |
| <b>Granulocyte Colony-Stimulating Factor (G-CSF)</b>                                                                                      |           |                                  |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                                                                    | Tier 5    | PA; SP                           |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                              | Tier 5    | PA; SP                           |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                 | Tier 5    | PA; SP                           |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                | Tier 5    | PA; SP                           |
| <b>Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)</b>                                                                          |           |                                  |
| LEUKINE INJECTION RECON SOLN 250 MCG                                                                                                      | Tier 5    | PA; SP                           |
| <b>Hematorheologic Agents</b>                                                                                                             |           |                                  |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                                                                                 | Tier 2    | QL (90 EA per 30 days)           |
| <b>Hemostatic Systemic - Antifibrinolytic Agents</b>                                                                                      |           |                                  |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>                                                                                     | Tier 5    | PA                               |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                 | Tier 4    |                                  |
| <b>Heparins</b>                                                                                                                           |           |                                  |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>                                                                         | Tier 2    |                                  |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                                  | Tier 2    |                                  |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                                  | Tier 2    |                                  |



| Prescription Drug Name                                                                                                             | Drug Tier | Coverage Requirements and Limits  |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>                                                   | Tier 2    |                                   |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>                                                                   | Tier 2    |                                   |
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>                                                                | Tier 2    |                                   |
| <b>Indirect Factor Xa Inhibitors</b>                                                                                               |           |                                   |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>                                   | Tier 5    | PA                                |
| <b>Low Molecular Weight Heparins</b>                                                                                               |           |                                   |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i>                                                                                | Tier 4    |                                   |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 4    |                                   |
| <b>Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs)</b>                                                       |           |                                   |
| BRILINTA ORAL TABLET 60 MG, 90 MG                                                                                                  | Tier 3    | QL (60 EA per 30 days)            |
| <b>Platelet Aggregation Inhibitor Combinations</b>                                                                                 |           |                                   |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>                                                            | Tier 2    | QL (60 EA per 30 days)            |
| <b>Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib</b>                                                      |           |                                   |
| <i>eptifibatide intravenous solution 2 mg/ml</i>                                                                                   | Tier 3    |                                   |
| <b>Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors</b>                                                          |           |                                   |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                        | Tier 2    |                                   |
| <b>Platelet Aggregation Inhibitors - Quinazoline Agents</b>                                                                        |           |                                   |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>                                                                                        | Tier 2    |                                   |
| <b>Platelet Aggregation Inhibitors - Salicylates</b>                                                                               |           |                                   |
| <i>adult low dose aspirin oral tablet, delayed release (drlec) 81 mg</i>                                                           | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |
| <i>aspirin childrens oral tablet, chewable 81 mg</i>                                                                               | Tier 1    | OTC; ACA; QL (100 EA per 30 days) |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>aspir-trin oral tablet, delayed release (drlec) 325 mg</i>                 | Tier 1    | OTC; ACA; QL (30 EA per 30 days) |
| <b>Platelet Aggregation Inhibitors - Thienopyridine Agents</b>                |           |                                  |
| <i>clopidogrel oral tablet 300 mg</i>                                         | Tier 2    |                                  |
| <i>clopidogrel oral tablet 75 mg</i>                                          | Tier 6    | QL (30 EA per 30 days)           |
| <i>prasugrel oral tablet 10 mg, 5 mg</i>                                      | Tier 3    | QL (30 EA per 30 days)           |
| <b>Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr</b> |           |                                  |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                           | Tier 2    |                                  |
| <b>Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist</b> |           |                                  |
| ZONTIVITY ORAL TABLET 2.08 MG                                                 | Tier 4    | QL (30 EA per 30 days)           |
| <b>Thrombopoietin Receptor Agonists</b>                                       |           |                                  |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG                             | Tier 5    | PA; SP                           |
| <b>Immunosuppressive Agents</b>                                               |           |                                  |
| <b>Immunosuppressive - Calcineurin Inhibitors</b>                             |           |                                  |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i>                       | Tier 2    |                                  |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                          | Tier 3    |                                  |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                | Tier 2    |                                  |
| <i>gengraf oral capsule 100 mg, 25 mg</i>                                     | Tier 2    |                                  |
| <i>gengraf oral solution 100 mg/ml</i>                                        | Tier 3    |                                  |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML                                            | Tier 5    | PA                               |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                             | Tier 2    |                                  |
| <b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors</b>     |           |                                  |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                              | Tier 2    |                                  |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>     | Tier 5    |                                  |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                               | Tier 2    |                                  |

| Prescription Drug Name                                                          | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> | Tier 4    |                                  |
| <b>Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors</b>      |           |                                  |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>      | Tier 5    | PA                               |
| <i>sirolimus oral solution 1 mg/ml</i>                                          | Tier 5    | PA                               |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                 | Tier 5    | PA                               |
| <b>Immunosuppressive - Purine Analogs</b>                                       |           |                                  |
| <i>azathioprine oral tablet 100 mg, 75 mg</i>                                   | Tier 5    | PA                               |
| <i>azathioprine oral tablet 50 mg</i>                                           | Tier 2    |                                  |
| <b>Locomotor System</b>                                                         |           |                                  |
| <b>Amyotrophic Lateral Sclerosis (ALS)</b>                                      |           |                                  |
| <b>Agents - Benzathiazoles</b>                                                  |           |                                  |
| <i>riluzole oral tablet 50 mg</i>                                               | Tier 4    |                                  |
| <b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors</b>              |           |                                  |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                             | Tier 2    | PA                               |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                 | Tier 2    |                                  |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>               | Tier 4    |                                  |
| REGONOL INJECTION SOLUTION 5 MG/ML                                              | Tier 5    |                                  |
| <b>Neuromuscular Blocker - Neurotoxins</b>                                      |           |                                  |
| DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT                             | Tier 5    | PA; SP                           |
| <b>Skeletal Muscle Relaxant - Central Muscle Relaxants</b>                      |           |                                  |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                        | Tier 2    |                                  |
| <i>carisoprodol oral tablet 350 mg</i>                                          | Tier 2    |                                  |
| <i>chlorzoxazone oral tablet 500 mg</i>                                         | Tier 2    | PA                               |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                  | Tier 2    |                                  |
| <i>metaxalone oral tablet 400 mg</i>                                            | Tier 3    |                                  |
| <i>metaxalone oral tablet 800 mg</i>                                            | Tier 3    | PA                               |

| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits                                       |
|-----------------------------------------------------------------|-----------|------------------------------------------------------------------------|
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                 | Tier 2    |                                                                        |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | Tier 2    |                                                                        |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>                        | Tier 2    | QL (90 EA per 30 days)                                                 |
| <b>Skeletal Muscle Relaxant - Direct Muscle Relaxants</b>       |           |                                                                        |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>             | Tier 3    |                                                                        |
| <b>Medical Supplies and Durable Medical Equipment (DME)</b>     |           |                                                                        |
| <b>Medical Supplies and DME - Blood Glucose Tests</b>           |           |                                                                        |
| FREESTYLE INSULINX STRIP                                        | Tier 3    | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| FREESTYLE INSULINX TEST STRIPS STRIP                            | Tier 3    | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| FREESTYLE LITE STRIPS STRIP                                     | Tier 3    | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| FREESTYLE PRECISION NEO STRIPS STRIP                            | Tier 3    | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| FREESTYLE TEST STRIP                                            | Tier 3    | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| PRECISION XTRA TEST STRIP                                       | Tier 3    | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| <b>Medical Supplies and DME - Cervical Caps</b>                 |           |                                                                        |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                       | Tier 1    | ACA                                                                    |
| <b>Medical Supplies and DME - Diaphragms</b>                    |           |                                                                        |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                       | Tier 1    | ACA                                                                    |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM                      | Tier 1    | ACA                                                                    |

| <b>Prescription Drug Name</b>                                         | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-----------------------------------------------------------------------|------------------|-----------------------------------------|
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM                        | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM                        | Tier 1           | ACA                                     |
| <b>Medical Supplies and DME - Female Condoms</b>                      |                  |                                         |
| FC2 FEMALE CONDOM                                                     | Tier 1           | OTC; ACA; QL (30 EA per 30 days)        |
| <b>Medical Supplies and DME - Glucose Monitoring Test Supplies</b>    |                  |                                         |
| 1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE                        | Tier 3           | OTC                                     |
| ACCU-CHEK FASTCLIX LANCET DRUM                                        | Tier 3           | OTC                                     |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                                         | Tier 3           | OTC                                     |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                                    | Tier 3           | OTC                                     |
| ACCU-CHEK SOFTCLIX LANCETS                                            | Tier 3           | OTC                                     |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE                       | Tier 3           | OTC                                     |
| ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE                            | Tier 3           | OTC                                     |
| ADVOCATE LANCET 26 GAUGE, 30 GAUGE                                    | Tier 3           | OTC                                     |
| ALTERNATE SITE LANCET 26 GAUGE                                        | Tier 3           | OTC                                     |
| ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE | Tier 3           | OTC                                     |
| ASSURE LANCE 25 GAUGE, 28 GAUGE                                       | Tier 3           | OTC                                     |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE                        | Tier 3           | OTC                                     |

| <b>Prescription Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE                                 | Tier 3           | OTC                                     |
| BD ULTRA FINE LANCETS 33 GAUGE                                                       | Tier 3           | OTC                                     |
| BD ULTRA-FINE II LANCETS 30 GAUGE                                                    | Tier 3           | OTC                                     |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE                            | Tier 3           | OTC                                     |
| BUTTERFLY TOUCH LANCET 30 GAUGE                                                      | Tier 3           | OTC                                     |
| CAREONE THIN LANCET                                                                  | Tier 3           | OTC                                     |
| CAREONE ULTRA THIN LANCET                                                            | Tier 3           | OTC                                     |
| CARESENS LANCETS 30 GAUGE                                                            | Tier 3           | OTC                                     |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE                                          | Tier 3           | OTC                                     |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE                                  | Tier 3           | OTC                                     |
| CLEVER CHEK LANCETS 30 GAUGE                                                         | Tier 3           | OTC                                     |
| COAGUCHEK LANCETS                                                                    | Tier 3           | OTC                                     |
| COLOR LANCETS 21 GAUGE                                                               | Tier 3           | OTC                                     |
| COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE                                      | Tier 3           | OTC                                     |
| COMFORT LANCETS                                                                      | Tier 3           | OTC                                     |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE                                              | Tier 3           | OTC                                     |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                                              | Tier 3           | OTC                                     |
| DEXCOM G6 RECEIVER                                                                   | Tier 3           | QL (1 EA per 365 days)                  |
| DEXCOM G6 SENSOR DEVICE                                                              | Tier 3           | QL (3 EA per 30 days)                   |
| DEXCOM G6 TRANSMITTER DEVICE                                                         | Tier 3           | QL (1 EA per 90 days)                   |
| DROPLET LANCETS 30 GAUGE                                                             | Tier 3           | OTC                                     |
| EASY COMFORT LANCETS 30 GAUGE                                                        | Tier 3           | OTC                                     |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE                            | Tier 3           | OTC                                     |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE | Tier 3           | OTC                                     |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE            | Tier 3           | OTC                                     |
| EASY TWIST AND CAP LANCETS 28 GAUGE                                                  | Tier 3           | OTC                                     |
| EMBRACE LANCETS 30 GAUGE                                                             | Tier 3           | OTC                                     |

| <b>Prescription Drug Name</b>                              | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------|------------------|-----------------------------------------|
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE                   | Tier 3           | OTC                                     |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE  | Tier 3           | OTC                                     |
| E-Z JECT THIN LANCETS 28 GAUGE                             | Tier 3           | OTC                                     |
| EZ SMART LANCETS 28 GAUGE                                  | Tier 3           | OTC                                     |
| EZ-LETS 26 GAUGE                                           | Tier 3           | OTC                                     |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE             | Tier 3           | OTC                                     |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE                         | Tier 3           | OTC                                     |
| FINGERSTIX LANCETS                                         | Tier 3           | OTC                                     |
| FORACARE LANCETS 30 GAUGE                                  | Tier 3           | OTC                                     |
| FREESTYLE LANCETS 28 GAUGE                                 | Tier 3           | OTC                                     |
| FREESTYLE LIBRE 14 DAY READER                              | Tier 3           | QL (1 EA per 365 days)                  |
| FREESTYLE LIBRE 14 DAY SENSOR KIT                          | Tier 3           | QL (2 EA per 28 days)                   |
| FREESTYLE LIBRE 2 READER                                   | Tier 3           | QL (1 EA per 365 days)                  |
| FREESTYLE LIBRE 2 SENSOR KIT                               | Tier 3           | QL (2 EA per 28 days)                   |
| FREESTYLE LIBRE 3 SENSOR DEVICE                            | Tier 3           | QL (2 EA per 28 days)                   |
| FREESTYLE UNISTIK 2                                        | Tier 3           | OTC                                     |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE              | Tier 3           | OTC                                     |
| GOJJI LANCETS 30 GAUGE                                     | Tier 3           | OTC                                     |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE                     | Tier 3           | OTC                                     |
| INCONTROL SUPER THIN LANCETS 30 GAUGE                      | Tier 3           | OTC                                     |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE                      | Tier 3           | OTC                                     |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE                     | Tier 3           | OTC                                     |
| INVACARE LANCETS 30 GAUGE                                  | Tier 3           | OTC                                     |
| LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 3           | OTC                                     |
| LANCETS, SUPER THIN                                        | Tier 3           | OTC                                     |
| LANCETS, THIN , 23 GAUGE, 28 GAUGE                         | Tier 3           | OTC                                     |
| LANCETS, ULTRA THIN , 26 GAUGE                             | Tier 3           | OTC                                     |
| LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE            | Tier 3           | OTC                                     |
| MEDISENSE THIN LANCETS 28 GAUGE                            | Tier 3           | OTC                                     |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE         | Tier 3           | OTC                                     |



| <b>Prescription Drug Name</b>                                              | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|----------------------------------------------------------------------------|------------------|-----------------------------------------|
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM                                     | Tier 3           | OTC                                     |
| MICRO THIN LANCETS 33 GAUGE                                                | Tier 3           | OTC                                     |
| MICROLET LANCET                                                            | Tier 3           | OTC                                     |
| MONOLET LANCETS 21 GAUGE                                                   | Tier 3           | OTC                                     |
| MONOLET THIN LANCETS 28 GAUGE                                              | Tier 3           | OTC                                     |
| MYGLUCOHEALTH LANCETS 30 GAUGE                                             | Tier 3           | OTC                                     |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE                                     | Tier 3           | OTC                                     |
| NOVA SUREFLEX LANCETS                                                      | Tier 3           | OTC                                     |
| ON CALL LANCET 30 GAUGE                                                    | Tier 3           | OTC                                     |
| ON CALL PLUS LANCET 30 GAUGE                                               | Tier 3           | OTC                                     |
| ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE                                 | Tier 3           | OTC                                     |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE                             | Tier 3           | OTC                                     |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE                                     | Tier 3           | OTC                                     |
| ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE                 | Tier 3           | OTC                                     |
| ONETOUCH ULTRASOFT LANCETS                                                 | Tier 3           | OTC                                     |
| ON-THE-GO LANCETS 30 GAUGE                                                 | Tier 3           | OTC                                     |
| PIP LANCET 28 GAUGE, 30 GAUGE                                              | Tier 3           | OTC                                     |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE                              | Tier 3           | OTC                                     |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE                                      | Tier 3           | OTC                                     |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE                                         | Tier 3           | OTC                                     |
| PRODIGY TWIST TOP LANCET 28 GAUGE                                          | Tier 3           | OTC                                     |
| PURE COMFORT LANCETS 30 GAUGE                                              | Tier 3           | OTC                                     |
| PURE COMFORT SAFETY LANCETS 30 GAUGE                                       | Tier 3           | OTC                                     |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE                              | Tier 3           | OTC                                     |
| READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 3           | OTC                                     |
| RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE                               | Tier 3           | OTC                                     |

| <b>Prescription Drug Name</b>                                         | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-----------------------------------------------------------------------|------------------|-----------------------------------------|
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE                       | Tier 3           | OTC                                     |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE                                | Tier 3           | OTC                                     |
| RIGHTEST GL300 LANCETS 30 GAUGE                                       | Tier 3           | OTC                                     |
| SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE                           | Tier 3           | OTC                                     |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE                                | Tier 3           | OTC                                     |
| SAFETY-LET LANCETS 30 GAUGE                                           | Tier 3           | OTC                                     |
| SINGLE-LET                                                            | Tier 3           | OTC                                     |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE                      | Tier 3           | OTC                                     |
| SMARTEST LANCET                                                       | Tier 3           | OTC                                     |
| SOFT TOUCH LANCETS                                                    | Tier 3           | OTC                                     |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE                                   | Tier 3           | OTC                                     |
| STERILANCE TL 30 GAUGE, 32 GAUGE                                      | Tier 3           | OTC                                     |
| SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE                               | Tier 3           | OTC                                     |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 3           | OTC                                     |
| SURE-LANCE , 26 GAUGE, 28 GAUGE                                       | Tier 3           | OTC                                     |
| SURE-LANCE ULTRA THIN 30 GAUGE                                        | Tier 3           | OTC                                     |
| SURE-TOUCH LANCET                                                     | Tier 3           | OTC                                     |
| TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE                         | Tier 3           | OTC                                     |
| TELCARE LANCETS 30 GAUGE                                              | Tier 3           | OTC                                     |
| THIN LANCETS 26 GAUGE                                                 | Tier 3           | OTC                                     |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE                                  | Tier 3           | OTC                                     |
| TRUE COMFORT LANCET 30 GAUGE                                          | Tier 3           | OTC                                     |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE                         | Tier 3           | OTC                                     |
| TWIST LANCETS 30 GAUGE, 32 GAUGE                                      | Tier 3           | OTC                                     |
| ULTILET BASIC LANCETS 30 GAUGE                                        | Tier 3           | OTC                                     |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE                | Tier 3           | OTC                                     |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE                          | Tier 3           | OTC                                     |

| <b>Prescription Drug Name</b>                                | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------|------------------|-----------------------------------------|
| ULTILET SAFETY LANCETS 23 GAUGE                              | Tier 3           | OTC                                     |
| ULTRA FINE LANCETS 30 GAUGE                                  | Tier 3           | OTC                                     |
| ULTRA THIN II LANCETS 30 GAUGE                               | Tier 3           | OTC                                     |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE  | Tier 3           | OTC                                     |
| ULTRA THIN PLUS LANCETS 33 GAUGE                             | Tier 3           | OTC                                     |
| ULTRA TLC LANCETS                                            | Tier 3           | OTC                                     |
| ULTRA-CARE LANCETS 30 GAUGE                                  | Tier 3           | OTC                                     |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE                        | Tier 3           | OTC                                     |
| ULTRA-THIN II LANCETS 28 GAUGE                               | Tier 3           | OTC                                     |
| UNILET COMFORTOUCH LANCET , 26 GAUGE                         | Tier 3           | OTC                                     |
| UNILET EXCELITE II LANCET                                    | Tier 3           | OTC                                     |
| UNILET EXCELITE LANCET                                       | Tier 3           | OTC                                     |
| UNILET GP LANCET                                             | Tier 3           | OTC                                     |
| UNILET LANCET 28 GAUGE, 33 GAUGE                             | Tier 3           | OTC                                     |
| UNILET LANCETS 30 GAUGE                                      | Tier 3           | OTC                                     |
| UNILET SUPER THIN LANCETS 30 GAUGE                           | Tier 3           | OTC                                     |
| UNISTIK 3 COMFORT LANCET                                     | Tier 3           | OTC                                     |
| UNISTIK 3 EXTRA LANCET 21 GAUGE                              | Tier 3           | OTC                                     |
| UNISTIK 3 GENTLE 30 GAUGE                                    | Tier 3           | OTC                                     |
| UNISTIK 3 LANCETS 21 GAUGE                                   | Tier 3           | OTC                                     |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                             | Tier 3           | OTC                                     |
| UNISTIK COMFORT LANCETS 28 GAUGE                             | Tier 3           | OTC                                     |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE                        | Tier 3           | OTC                                     |
| UNISTIK EXTRA LANCETS 21 GAUGE                               | Tier 3           | OTC                                     |
| UNISTIK NORMAL LANCETS 23 GAUGE                              | Tier 3           | OTC                                     |
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE              | Tier 3           | OTC                                     |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE                            | Tier 3           | OTC                                     |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 3           | OTC                                     |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE   | Tier 3           | OTC                                     |
| VIVAGUARD LANCET 30 GAUGE                                    | Tier 3           | OTC                                     |

| Prescription Drug Name                                                                                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies and DME - Insulin<br/>Needles-Syringes and Admin<br/>Supplies</b>                                                                                                                                                          |           |                                  |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                         | Tier 2    | OTC                              |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                    | Tier 2    | OTC                              |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                             | Tier 2    | OTC                              |
| ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"                                                                                                                                               | Tier 2    | OTC                              |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2    | OTC                              |
| ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"                                                                                                                | Tier 2    | OTC                              |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"                                                                                                                                                               | Tier 2    | OTC                              |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                                           | Tier 2    | OTC                              |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"                                                                                                                                                                                               | Tier 2    | OTC                              |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                 | Tier 2    | OTC                              |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                     | Tier 2    | OTC                              |
| BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                     | Tier 2    | OTC                              |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                             | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                                                  | Tier 2           | OTC                                     |
| BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                           | Tier 2           | OTC                                     |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"                                                                                                                                                                                 | Tier 2           |                                         |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"                                                       | Tier 2           | OTC                                     |
| BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                   | Tier 2           | OTC                                     |
| BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"                                                                                                                                                                                      | Tier 2           | OTC                                     |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                        | Tier 2           | OTC                                     |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | Tier 2           | OTC                                     |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"                                                                                                                                                                                       | Tier 2           | OTC                                     |
| BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"                                                                                                                                                                                     | Tier 2           | OTC                                     |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                                                                                                                                     | Tier 2           | OTC                                     |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                     | Tier 2           | OTC                                     |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"                                                                                                                                                                                      | Tier 2           | OTC                                     |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"                                                                                                                                                                                    | Tier 2           | OTC                                     |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"                                                                                                                                                                           | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| BD VEO INSULIN SYRINGE UF SYRINGE<br>0.3 ML 31 GAUGE X 15/64", 1 ML 31<br>GAUGE X 15/64", 1/2 ML 31 GAUGE X<br>15/64"                                                                                                                                                                                                                                                                                  | Tier 2           | OTC                                     |
| CAREFINE PEN NEEDLE NEEDLE 29<br>GAUGE X 1/2", 30 GAUGE X 5/16", 31<br>GAUGE X 1/4", 31 GAUGE X 5/16", 32<br>GAUGE X 1/4", 32 GAUGE X 3/16", 32<br>GAUGE X 5/32"                                                                                                                                                                                                                                       | Tier 2           | OTC                                     |
| CARETOUCH INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5<br>ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X<br>5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31<br>GAUGE X 5/16                                                                                                                                                                                          | Tier 2           | OTC                                     |
| CARETOUCH PEN NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                          | Tier 2           | OTC                                     |
| CLICKFINE PEN NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                  | Tier 2           | OTC                                     |
| COMFORT EZ INSULIN SYRINGE<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML<br>30 GAUGE X 1/2", 0.3 ML 30 GAUGE X<br>5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29<br>GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2",<br>0.5 ML 30 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1<br>ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X<br>1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31<br>GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| COMFORT EZ PEN NEEDLES NEEDLE 29<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 1/4", 32 GAUGE X 3/16", 32<br>GAUGE X 5/16", 32 GAUGE X 5/32", 33<br>GAUGE X 1/4", 33 GAUGE X 3/16", 33<br>GAUGE X 5/16", 33 GAUGE X 5/32"                                                                                                                                     | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                            | Tier 2           | OTC                                     |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"                                                                                                                                   | Tier 2           | OTC                                     |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                     |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"                                                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                     | Tier 2           | OTC                                     |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"                                                                                                                                                                                                                                               | Tier 2           | OTC                                     |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"                                                                     | Tier 2           | OTC                                     |



| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                                                                                                             | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                                                                                                                                                                                                | Tier 2           | OTC                                     |
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"                                                                                                                                                                                                                                                                                                             | Tier 2           | OTC                                     |
| EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                             | Tier 2           | OTC                                     |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                              | Tier 2           | OTC                                     |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"                                                                                                                                                                                                                                                                                         | Tier 2           | OTC                                     |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                 | Tier 2           | OTC                                     |
| EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                               | Tier 2           | OTC                                     |
| EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                             | Tier 2           | OTC                                     |
| EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                                               | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                     | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"                                                    | Tier 2           | OTC                                     |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML                                                                                                                                                  | Tier 2           | OTC                                     |
| EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                                | Tier 2           | OTC                                     |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                          | Tier 2           | OTC                                     |
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                     |
| HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                 | Tier 2           | OTC                                     |
| HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                      | Tier 2           | OTC                                     |
| INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                | Tier 2           | OTC                                     |
| INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"                                                                                                                     | Tier 2           | OTC                                     |
| INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"                                                                                                    | Tier 2           | OTC                                     |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                              | Tier 2           | OTC                                     |

| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Drug Tier | Coverage Requirements and Limits |
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| INSULIN SYRINGE-NEEDLE U-100<br>SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" | Tier 2    | OTC                              |
| INSULIN SYRINGE-NEEDLE U-100<br>SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Tier 2    |                                  |
| INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 2    | OTC                              |
| LITE TOUCH INSULIN PEN NEEDLES<br>NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 2    | OTC                              |
| LITE TOUCH INSULIN SYRINGE SYRINGE<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE                                                                                                                                                                                                                                                                                     | Tier 2    | OTC                              |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                            | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| MAGELLAN INSULIN SAFETY SYRNG<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML<br>29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",<br>1 ML 30 GAUGE X 5/16"                                                                                                                                                                               | Tier 2           |                                         |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30<br>X 5/16", 0.5 ML 30 GAUGE X 5/16"                                                                                                                                                                                                                                                   | Tier 2           |                                         |
| MAXICOMFORT II PEN NEEDLE NEEDLE<br>31 GAUGE X 1/4"                                                                                                                                                                                                                                                                      | Tier 2           | OTC                                     |
| MAXICOMFORT INSULIN SYRINGE<br>SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML<br>27 GAUGE X 1/2"                                                                                                                                                                                                                                   | Tier 2           | OTC                                     |
| MAXI-COMFORT INSULIN SYRINGE<br>SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML<br>28 GAUGE X 1/2"                                                                                                                                                                                                                                  | Tier 2           | OTC                                     |
| MAXICOMFORT SAFETY PEN NEEDLE<br>NEEDLE 29 GAUGE X 3/16", 29 GAUGE X<br>5/16"                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| MICRODOT INSULIN PEN NEEDLE<br>NEEDLE 31 GAUGE X 1/4", 32 GAUGE X<br>5/32", 33 GAUGE X 5/32"                                                                                                                                                                                                                             | Tier 2           | OTC                                     |
| MINI ULTRA-THIN II NEEDLE 31 GAUGE X<br>3/16"                                                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| MONOJECT INSULIN SAFETY SYRING<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 29<br>GAUGE X 1/2"                                                                                                                                                                                                                                     | Tier 2           | OTC                                     |
| MONOJECT INSULIN SAFETY SYRING<br>SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5<br>ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X<br>5/16"                                                                                                                                                                                                 | Tier 2           |                                         |
| MONOJECT INSULIN SYRINGE SYRINGE<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16",<br>0.5 ML 29 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16",<br>1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X<br>1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31<br>GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| MONOJECT INSULIN SYRINGE SYRINGE<br>1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16                                                                                                                                                                                                                                 | Tier 2           |                                         |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28<br>GAUGE                                                                                                                                                                                                                                                                              | Tier 2           |                                         |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                       | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE                                                                                                                                                                                                                                              | Tier 2           | OTC                                     |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"                                                                                                                                                                                                                                                                  | Tier 2           | OTC                                     |
| NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"                                                                                                                                                                                                                                                           | Tier 2           | OTC                                     |
| NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"                                                                                                                                                                                                                                                                | Tier 2           | OTC                                     |
| OMNIPOD CLASSIC PDM KIT(GEN 3)                                                                                                                                                                                                                                                                      | Tier 3           |                                         |
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                                                                            | Tier 2           | OTC                                     |
| PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                  | Tier 2           |                                         |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" | Tier 2           | OTC                                     |
| PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"                                                                                                                                                                                                                              | Tier 2           | OTC                                     |
| PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                              | Tier 2           | OTC                                     |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                                                                                                | Tier 2           | OTC                                     |
| PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                      | Tier 2           | OTC                                     |
| PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                                 | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                                                                                                               | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                      | Tier 2           | OTC                                     |
| PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                        | Tier 2           | OTC                                     |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                       | Tier 2           | OTC                                     |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                                                                                                                                                                                                                                                                                                                                   | Tier 2           | OTC                                     |
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                               | Tier 2           | OTC                                     |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                                                                                                                                                                                                                               | Tier 2           | OTC                                     |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                 | Tier 2           | OTC                                     |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" | Tier 2           | OTC                                     |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                     | Tier 2           | OTC                                     |
| SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                     | Tier 2           | OTC                                     |
| SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                                                                                                            | Tier 2           | OTC                                     |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"                                                        | Tier 2           | OTC                                     |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                | Tier 2           | OTC                                     |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"                                                                                          | Tier 2           | OTC                                     |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"                                     | Tier 2           | OTC                                     |
| TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                                                                                                           | Tier 2           | OTC                                     |



| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                    | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| TOPCARE ULTRA COMFORT SYRINGE<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16",<br>0.5 ML 29 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16",<br>1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X<br>5/16, 1 ML 31 GAUGE X 5/16                                             | Tier 2           | OTC                                     |
| TRUE COMFORT INSULIN SYRINGE<br>SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML<br>31 GAUGE X 5/16                                                                                                                                                                                                                         | Tier 2           | OTC                                     |
| TRUE COMFORT PEN NEEDLE NEEDLE<br>31 GAUGE X 1/4", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4", 32<br>GAUGE X 3/16", 32 GAUGE X 5/32", 33<br>GAUGE X 1/4", 33 GAUGE X 3/16", 33<br>GAUGE X 5/32"                                                                                                      | Tier 2           | OTC                                     |
| TRUE COMFORT PRO INS SYRINGE<br>SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML<br>30 GAUGE X 5/16", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1<br>ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X<br>5/16"                                                                | Tier 2           | OTC                                     |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29<br>GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16",<br>0.3 ML 31 GAUGE X 5/16", 0.5 ML 29<br>GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16",<br>0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE<br>X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2<br>ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| TRUEPLUS PEN NEEDLE NEEDLE 29<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                                                                                                                       | Tier 2           | OTC                                     |
| ULTICARE INSULIN SYRINGE SYRINGE<br>0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE<br>X 1/4", 1/2 ML 31 GAUGE X 1/4"                                                                                                                                                                                                      | Tier 2           | OTC                                     |
| ULTICARE INSULN SYR(HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 1/4"                                                                                                                                                                                                                                                 | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                     | Tier 2           | OTC                                     |
| ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                   | Tier 2           | OTC                                     |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                         | Tier 2           | OTC                                     |
| ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"                                                                                                                                                                                                                                                                        | Tier 2           | OTC                                     |
| ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29                                                                                                                        | Tier 2           | OTC                                     |
| ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                   | Tier 2           | OTC                                     |
| ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                 | Tier 2           | OTC                                     |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                  | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"                                                                                                                | Tier 2           | OTC                                     |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"                                                                                             | Tier 2           | OTC                                     |
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                            | Tier 2           | OTC                                     |
| ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                  | Tier 2           | OTC                                     |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                     |
| ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                         | Tier 2           | OTC                                     |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                           | Tier 2           | OTC                                     |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"                                                                                                                                                                          | Tier 2           | OTC                                     |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"                                                                                                                                                                           | Tier 2           | OTC                                     |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                             | Tier 2           | OTC                                     |
| UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                     | Tier 2           | OTC                                     |
| UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                                | Tier 2           | OTC                                     |

| Prescription Drug Name                                                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | Tier 2    | OTC                              |
| UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"                                                                                                       | Tier 2    | OTC                              |
| UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                       | Tier 2    | OTC                              |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                      | Tier 2    | OTC                              |
| VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"                                                                                                  | Tier 2    | OTC                              |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                   | Tier 2    | OTC                              |
| VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                           | Tier 2    | OTC                              |
| <b>Medical Supplies and DME - Miscellaneous Other</b>                                                                                                      |           |                                  |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE                                                                                                      | Tier 3    |                                  |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE                                                                                                           | Tier 3    |                                  |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE                                                                                                        | Tier 3    |                                  |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE                                                                                                      | Tier 3    |                                  |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE                                                                                                           | Tier 3    |                                  |
| <b>Medical Supplies and DME - Respiratory Therapy Supplies</b>                                                                                             |           |                                  |
| AEROCHAMBER PLUS FLOW-VU SPACER                                                                                                                            | Tier 3    |                                  |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER                                                                                                                      | Tier 3    |                                  |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER                                                                                                                      | Tier 3    |                                  |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER                                                                                                                      | Tier 3    |                                  |

| Prescription Drug Name                                                                                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| OPTICHAMBER DIAMOND-SML MASK SPACER                                                                                                                                                                                                            | Tier 3    |                                  |
| PEDIATRIC PANDA MASK DEVICE                                                                                                                                                                                                                    | Tier 3    | OTC                              |
| <b>Medical Supplies and DME - Urine Glucose Tests</b>                                                                                                                                                                                          |           |                                  |
| DIASTIX STRIP                                                                                                                                                                                                                                  | Tier 3    | OTC                              |
| <b>Medical Supply, FDB Superset</b>                                                                                                                                                                                                            |           |                                  |
| <b>Medical Supply, FDB Superset</b>                                                                                                                                                                                                            |           |                                  |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                             | Tier 2    | OTC                              |
| ACCU-CHEK FASTCLIX LANCET DRUM                                                                                                                                                                                                                 | Tier 3    | OTC                              |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                                                                                                                                                                                                             | Tier 3    | OTC                              |
| ADVANCED TRAVEL LANCETS 30 GAUGE                                                                                                                                                                                                               | Tier 3    | OTC                              |
| ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"                                                                                                                                               | Tier 2    | OTC                              |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2    | OTC                              |
| ALTERNATE SITE LANCET 26 GAUGE                                                                                                                                                                                                                 | Tier 3    | OTC                              |
| ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"                                                                                                                | Tier 2    | OTC                              |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                                           | Tier 2    | OTC                              |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"                                                                                                                                                                                               | Tier 2    | OTC                              |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                     | Tier 2    | OTC                              |
| BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                     | Tier 2    | OTC                              |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                                                       | Tier 2    | OTC                              |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                             | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                           | Tier 2           | OTC                                     |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"                                                                                                                                                                                 | Tier 2           |                                         |
| BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                   | Tier 2           | OTC                                     |
| BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"                                                                                                                                                                                      | Tier 2           | OTC                                     |
| BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE                                                                                                                                                                                      | Tier 3           | OTC                                     |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | Tier 2           | OTC                                     |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"                                                                                                                                                                                       | Tier 2           | OTC                                     |
| BD ULTRA FINE LANCETS 33 GAUGE                                                                                                                                                                                                            | Tier 3           | OTC                                     |
| BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"                                                                                                                                                                                     | Tier 2           | OTC                                     |
| BUTTERFLY TOUCH LANCET 30 GAUGE                                                                                                                                                                                                           | Tier 3           | OTC                                     |
| CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                      | Tier 2           | OTC                                     |
| CAREONE THIN LANCET                                                                                                                                                                                                                       | Tier 3           | OTC                                     |
| CARESENS LANCETS 30 GAUGE                                                                                                                                                                                                                 | Tier 3           | OTC                                     |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                            | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                         | Tier 2           | OTC                                     |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE                                                                                                                                                                                                                                                                                  | Tier 3           | OTC                                     |
| CARETOUCH TWIST LANCET 33 GAUGE                                                                                                                                                                                                                                                                                              | Tier 3           | OTC                                     |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                                                                                                                                                                                                                                                                                    | Tier 1           | ACA                                     |
| CHEMSTRIP 9 STRIP                                                                                                                                                                                                                                                                                                            | Tier 3           | OTC                                     |
| COAGUCHEK LANCETS                                                                                                                                                                                                                                                                                                            | Tier 3           | OTC                                     |
| COLOR LANCETS 21 GAUGE                                                                                                                                                                                                                                                                                                       | Tier 3           | OTC                                     |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16"                                                                                                                                                                                                         | Tier 2           | OTC                                     |
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                            | Tier 2           | OTC                                     |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE                                                                                                                                                                                                                                                                                      | Tier 3           | OTC                                     |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                                                                                                                                                                                                                                                                                      | Tier 3           | OTC                                     |
| DEXCOM G6 RECEIVER                                                                                                                                                                                                                                                                                                           | Tier 3           | QL (1 EA per 365 days)                  |
| DEXCOM G6 SENSOR DEVICE                                                                                                                                                                                                                                                                                                      | Tier 3           | QL (3 EA per 30 days)                   |
| DEXCOM G6 TRANSMITTER DEVICE                                                                                                                                                                                                                                                                                                 | Tier 3           | QL (1 EA per 90 days)                   |



| <b>Prescription Drug Name</b>                                                                                                                                                                                                                            | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"                                                                                                                                          | Tier 2           | OTC                                     |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16                                                                            | Tier 2           | OTC                                     |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"                                                                                                                                                                                                        | Tier 2           | OTC                                     |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16"                                                                                                                        | Tier 2           | OTC                                     |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"                                                                                                                                                                           | Tier 2           | OTC                                     |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" | Tier 2           | OTC                                     |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                               | Tier 2           | OTC                                     |
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"                                                                                                                                            | Tier 2           | OTC                                     |
| EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"                                                                                                                             | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                     | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                                |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" | Tier 2           | OTC                                                                    |
| EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"                                                                           | Tier 2           | OTC                                                                    |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE                                                                         | Tier 3           | OTC                                                                    |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML                                                                                         | Tier 2           | OTC                                                                    |
| EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                     | Tier 2           | OTC                                                                    |
| EASY TOUCH SAFETY LANCETS 30 GAUGE, 32 GAUGE                                                                                      | Tier 3           | OTC                                                                    |
| EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"       | Tier 2           | OTC                                                                    |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"    | Tier 2           | OTC                                                                    |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE                                                         | Tier 3           | OTC                                                                    |
| EASY TWIST AND CAP LANCETS 28 GAUGE                                                                                               | Tier 3           | OTC                                                                    |
| EMBRACE LANCETS 30 GAUGE                                                                                                          | Tier 3           | OTC                                                                    |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE                                                                                          | Tier 3           | OTC                                                                    |
| E-Z JECT LANCETS 26 GAUGE, 32 GAUGE                                                                                               | Tier 3           | OTC                                                                    |
| EZ SMART LANCETS 28 GAUGE                                                                                                         | Tier 3           | OTC                                                                    |
| EZ-LETS 26 GAUGE                                                                                                                  | Tier 3           | OTC                                                                    |
| FC2 FEMALE CONDOM                                                                                                                 | Tier 1           | OTC; ACA; QL (30 EA per 30 days)                                       |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                                                                                         | Tier 1           | ACA                                                                    |
| FINGERSTIX LANCETS                                                                                                                | Tier 3           | OTC                                                                    |
| FORACARE LANCETS 30 GAUGE                                                                                                         | Tier 3           | OTC                                                                    |
| FREESTYLE INSULINX STRIP                                                                                                          | Tier 3           | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |

| <b>Prescription Drug Name</b>                                                                                                                                                     | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                                |
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| FREESTYLE INSULINX TEST STRIPS STRIP                                                                                                                                              | Tier 3           | OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN |
| FREESTYLE LANCETS 28 GAUGE                                                                                                                                                        | Tier 3           | OTC                                                                    |
| FREESTYLE LIBRE 14 DAY READER                                                                                                                                                     | Tier 3           | QL (1 EA per 365 days)                                                 |
| FREESTYLE LIBRE 14 DAY SENSOR KIT                                                                                                                                                 | Tier 3           | QL (2 EA per 28 days)                                                  |
| FREESTYLE LIBRE 2 READER                                                                                                                                                          | Tier 3           | QL (1 EA per 365 days)                                                 |
| FREESTYLE LIBRE 2 SENSOR KIT                                                                                                                                                      | Tier 3           | QL (2 EA per 28 days)                                                  |
| FREESTYLE LIBRE 3 SENSOR DEVICE                                                                                                                                                   | Tier 3           | QL (2 EA per 28 days)                                                  |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                          | Tier 2           | OTC                                                                    |
| FREESTYLE UNISTIK 2                                                                                                                                                               | Tier 3           | OTC                                                                    |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE                                                                                                                                     | Tier 3           | OTC                                                                    |
| GOJJI LANCETS 30 GAUGE                                                                                                                                                            | Tier 3           | OTC                                                                    |
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                                                    |
| HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                 | Tier 2           | OTC                                                                    |
| HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32"                                                                                                                            | Tier 2           | OTC                                                                    |
| INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2"                                                                                                                                       | Tier 2           | OTC                                                                    |
| INCONTROL SUPER THIN LANCETS 30 GAUGE                                                                                                                                             | Tier 3           | OTC                                                                    |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE                                                                                                                                             | Tier 3           | OTC                                                                    |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE                                                                                                                                            | Tier 3           | OTC                                                                    |
| INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"                                                                                                                     | Tier 2           | OTC                                                                    |
| INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"                                                                                                    | Tier 2           | OTC                                                                    |
| INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"                                                                                                                                      | Tier 2           | OTC                                                                    |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 28 GAUGE, 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 3/8", 1 ML 31 GAUGE X 1/4", 1/2 ML 28 GAUGE, 1/2 ML 31 GAUGE X 1/4"                                                                                                               | Tier 2           | OTC                                     |
| INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 33 GAUGE X 5/32"                                                                                                                                                                              | Tier 2           | OTC                                     |
| INVACARE LANCETS 30 GAUGE                                                                                                                                                                                                                                                                            | Tier 3           | OTC                                     |
| LANCETS, SUPER THIN                                                                                                                                                                                                                                                                                  | Tier 3           | OTC                                     |
| LANCETS, THIN 28 GAUGE                                                                                                                                                                                                                                                                               | Tier 3           | OTC                                     |
| LANCETS, ULTRA THIN                                                                                                                                                                                                                                                                                  | Tier 3           | OTC                                     |
| LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"                                                                                                                                                                                           | Tier 2           | OTC                                     |
| LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE | Tier 2           | OTC                                     |
| LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE                                                                                                                                                                                                                                                      | Tier 3           | OTC                                     |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"                                                                                                                                                                    | Tier 2           |                                         |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"                                                                                                                                                                                                                                  | Tier 2           |                                         |
| MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"                                                                                                                                                                                                                                                     | Tier 2           | OTC                                     |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"                                                                                                                                                                                                                     | Tier 2           | OTC                                     |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                    | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                             | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| MICRODOT INSULIN PEN NEEDLE<br>NEEDLE 31 GAUGE X 1/4", 32 GAUGE X<br>5/32", 33 GAUGE X 5/32"                                                                                              | Tier 2           | OTC                                     |
| MINI ULTRA-THIN II NEEDLE 31 GAUGE X<br>3/16"                                                                                                                                             | Tier 2           | OTC                                     |
| MONOJECT INSULIN SAFETY SYRINGE<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 29<br>GAUGE X 1/2"                                                                                                     | Tier 2           | OTC                                     |
| MONOJECT INSULIN SAFETY SYRINGE<br>SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5<br>ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X<br>5/16"                                                                 | Tier 2           |                                         |
| MONOJECT INSULIN SYRINGE SYRINGE<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2",<br>0.5 ML 30 GAUGE X 5/16", 1 ML 25 GAUGE<br>X 5/8", 1 ML 29 GAUGE X 1/2" | Tier 2           | OTC                                     |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28<br>GAUGE                                                                                                                                               | Tier 2           |                                         |
| MONOJECT ULTRA COMFORT INSULIN<br>SYRINGE 1/2 ML 28 GAUGE                                                                                                                                 | Tier 2           | OTC                                     |
| MONOLET THIN LANCETS 28 GAUGE                                                                                                                                                             | Tier 3           | OTC                                     |
| MYGLUCOHEALTH LANCETS 30 GAUGE                                                                                                                                                            | Tier 3           | OTC                                     |
| NOVA SUREFLEX LANCETS                                                                                                                                                                     | Tier 3           | OTC                                     |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"                                                                                                                                                        | Tier 2           | OTC                                     |
| NOVOFINE AUTOCOVER NEEDLE 30<br>GAUGE X 1/3"                                                                                                                                              | Tier 2           | OTC                                     |
| NOVOFINE PLUS NEEDLE 32 GAUGE X<br>1/6"                                                                                                                                                   | Tier 2           | OTC                                     |
| OMNIFLEX DIAPHRAGM VAGINAL<br>DIAPHRAGM 65 MM                                                                                                                                             | Tier 1           | ACA                                     |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)<br>SUBCUTANEOUS CARTRIDGE                                                                                                                                  | Tier 3           |                                         |
| OMNIPOD 5 G6 PODS (GEN 5)<br>SUBCUTANEOUS CARTRIDGE                                                                                                                                       | Tier 3           |                                         |
| OMNIPOD CLASSIC PDM KIT (GEN 3)                                                                                                                                                           | Tier 3           |                                         |
| OMNIPOD CLASSIC PODS (GEN 3)<br>SUBCUTANEOUS CARTRIDGE                                                                                                                                    | Tier 3           |                                         |
| OMNIPOD DASH INTRO KIT (GEN 4)<br>SUBCUTANEOUS CARTRIDGE                                                                                                                                  | Tier 3           |                                         |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE                                                                                                                                       | Tier 3           |                                         |

| <b>Prescription Drug Name</b>                                                                                                                                                  | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| ON CALL LANCET 30 GAUGE                                                                                                                                                        | Tier 3           | OTC                                     |
| ON CALL PLUS LANCET 30 GAUGE                                                                                                                                                   | Tier 3           | OTC                                     |
| ONETOUCH DELICA LANCETS 30 GAUGE                                                                                                                                               | Tier 3           | OTC                                     |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE                                                                                                                                 | Tier 3           | OTC                                     |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE                                                                                                                                         | Tier 3           | OTC                                     |
| ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE                                                                                                                     | Tier 3           | OTC                                     |
| ONETOUCH ULTRASOFT LANCETS                                                                                                                                                     | Tier 3           | OTC                                     |
| OPTICHAMBER DIAMOND-SML MASK SPACER                                                                                                                                            | Tier 3           |                                         |
| PEDIATRIC PANDA MASK DEVICE                                                                                                                                                    | Tier 3           | OTC                                     |
| PEN NEEDLE, DIABETIC NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 15/64", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16"                                                           | Tier 2           | OTC                                     |
| PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"                                                                                                         | Tier 2           | OTC                                     |
| PENTIPS NEEDLE 32 GAUGE X 1/4"                                                                                                                                                 | Tier 2           | OTC                                     |
| PIP LANCET 28 GAUGE                                                                                                                                                            | Tier 3           | OTC                                     |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                       | Tier 2           | OTC                                     |
| PRECISION XTRA B-KETONE STRIP                                                                                                                                                  | Tier 3           | OTC                                     |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE                                                                                                                                  | Tier 3           | OTC                                     |
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                           | Tier 2           | OTC                                     |
| PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                     |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE                                                                                                                                          | Tier 3           | OTC                                     |
| PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                            | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" | Tier 2           | OTC                                     |
| PRODIGY LANCETS 28 GAUGE                                                                               | Tier 3           | OTC                                     |
| PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"   | Tier 2           | OTC                                     |
| PURE COMFORT SAFETY LANCETS 30 GAUGE                                                                   | Tier 3           | OTC                                     |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE                                                                    | Tier 3           | OTC                                     |
| READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE                             | Tier 3           | OTC                                     |
| RELIAMED LANCET 23 GAUGE, 30 GAUGE                                                                     | Tier 3           | OTC                                     |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE                                                        | Tier 3           | OTC                                     |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE                                                                 | Tier 3           | OTC                                     |
| RIGHTTEST GL300 LANCETS 30 GAUGE                                                                       | Tier 3           | OTC                                     |
| SAFETY LANCETS 26 GAUGE                                                                                | Tier 3           | OTC                                     |
| SAFETY-LET LANCETS 30 GAUGE                                                                            | Tier 3           | OTC                                     |
| SINGLE-LET                                                                                             | Tier 3           | OTC                                     |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                                                          | Tier 2           | OTC                                     |
| SMART SENSE LANCETS 21 GAUGE, 33 GAUGE                                                                 | Tier 3           | OTC                                     |
| SMARTTEST LANCET                                                                                       | Tier 3           | OTC                                     |
| SOFT TOUCH LANCETS                                                                                     | Tier 3           | OTC                                     |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE                                                                    | Tier 3           | OTC                                     |
| STERILANCE TL 30 GAUGE, 32 GAUGE                                                                       | Tier 3           | OTC                                     |
| SUPER THIN LANCETS                                                                                     | Tier 3           | OTC                                     |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"                                            | Tier 2           | OTC                                     |



| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" | Tier 2           | OTC                                     |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE                                                                                                                                                                                                                                                                                                                                          | Tier 3           | OTC                                     |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                              | Tier 2           | OTC                                     |
| SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                              | Tier 2           | OTC                                     |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                            | Tier 2           | OTC                                     |
| SURE-LANCE 26 GAUGE                                                                                                                                                                                                                                                                                                                                                                                  | Tier 3           | OTC                                     |
| SURE-TOUCH LANCET                                                                                                                                                                                                                                                                                                                                                                                    | Tier 3           | OTC                                     |
| TELCARE LANCETS 30 GAUGE                                                                                                                                                                                                                                                                                                                                                                             | Tier 3           | OTC                                     |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"                                                                                                                                                                                          | Tier 2           | OTC                                     |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"                                                                                                                                     | Tier 2           | OTC                                     |
| TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                           | Tier 2           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                                                                                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
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| TOPCARE ULTRA COMFORT SYRINGE<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16",<br>0.5 ML 29 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16",<br>1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X<br>5/16, 1 ML 31 GAUGE X 5/16                                                 | Tier 2           | OTC                                     |
| TOPCARE UNIVERSAL1 LANCET 33<br>GAUGE                                                                                                                                                                                                                                                                                | Tier 3           | OTC                                     |
| TRUE COMFORT INSULIN SYRINGE<br>SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML<br>31 GAUGE X 5/16                                                                                                                                                                                                                             | Tier 2           | OTC                                     |
| TRUE COMFORT PEN NEEDLE NEEDLE<br>31 GAUGE X 5/16", 32 GAUGE X 1/4", 32<br>GAUGE X 3/16", 33 GAUGE X 1/4", 33<br>GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                                                                                                     | Tier 2           | OTC                                     |
| TRUE COMFORT PRO INS SYRINGE<br>SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML<br>30 GAUGE X 5/16", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1<br>ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X<br>5/16"                                                                    | Tier 2           | OTC                                     |
| TRUEPLUS LANCETS 33 GAUGE                                                                                                                                                                                                                                                                                            | Tier 3           | OTC                                     |
| ULTICARE SAFETY PEN NEEDLE NEEDLE<br>30 GAUGE X 3/16", 30 GAUGE X 5/16"                                                                                                                                                                                                                                              | Tier 2           | OTC                                     |
| ULTIGUARD SAFEPAK-INSULIN SYR<br>SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X<br>5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2<br>ML 30 X 1/2", 1/2 ML 31 X 5/16"                                                                                                                                                             | Tier 2           | OTC                                     |
| ULTIGUARD SAFEPAK-PEN NEEDLE<br>NEEDLE 29 GAUGE X 1/2"                                                                                                                                                                                                                                                               | Tier 2           | OTC                                     |
| ULTILET BASIC LANCETS 30 GAUGE                                                                                                                                                                                                                                                                                       | Tier 3           | OTC                                     |
| ULTILET CLASSIC LANCETS 33 GAUGE                                                                                                                                                                                                                                                                                     | Tier 3           | OTC                                     |
| ULTILET INSULIN SYRINGE SYRINGE 0.3<br>ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2",<br>0.3 ML 30 GAUGE X 5/16", 0.3 ML 31<br>GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2",<br>0.5 ML 30 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29<br>GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1<br>ML 31 GAUGE X 5/16, 1/2 ML 29 | Tier 2           | OTC                                     |
| ULTILET LANCETS 30 GAUGE, 33 GAUGE                                                                                                                                                                                                                                                                                   | Tier 3           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                                                  | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"                                                                                                                                                                           | Tier 2           | OTC                                     |
| ULTILET SAFETY LANCETS 23 GAUGE                                                                                                                                                                                                | Tier 3           | OTC                                     |
| ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                 | Tier 2           | OTC                                     |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 31 GAUGE X 5/16                                                                                                                             | Tier 2           | OTC                                     |
| ULTRA FINE LANCETS 30 GAUGE                                                                                                                                                                                                    | Tier 3           | OTC                                     |
| ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"                                                                                                                | Tier 2           | OTC                                     |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"                                                                                             | Tier 2           | OTC                                     |
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                              | Tier 2           | OTC                                     |
| ULTRA THIN II LANCETS 30 GAUGE                                                                                                                                                                                                 | Tier 3           | OTC                                     |
| ULTRA THIN LANCETS 33 GAUGE                                                                                                                                                                                                    | Tier 3           | OTC                                     |
| ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                  | Tier 2           | OTC                                     |
| ULTRA THIN PLUS LANCETS 33 GAUGE                                                                                                                                                                                               | Tier 3           | OTC                                     |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                     |
| ULTRA-CARE LANCETS 30 GAUGE                                                                                                                                                                                                    | Tier 3           | OTC                                     |
| ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                         | Tier 2           | OTC                                     |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE                                                                                                                                                                                          | Tier 3           | OTC                                     |

| <b>Prescription Drug Name</b>                                                                                                                                                                    | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| ULTRA-THIN II (SHORT) INS SYR<br>SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3<br>ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X<br>5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30<br>GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2           | OTC                                     |
| ULTRA-THIN II (SHORT) PEN NDL<br>NEEDLE 31 GAUGE X 5/16"                                                                                                                                         | Tier 2           | OTC                                     |
| ULTRA-THIN II INS PEN NEEDLES<br>NEEDLE 29 GAUGE X 1/2"                                                                                                                                          | Tier 2           | OTC                                     |
| ULTRA-THIN II INSULIN SYRINGE<br>SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML<br>29 GAUGE X 1/2"                                                                                                         | Tier 2           | OTC                                     |
| ULTRA-THIN II LANCETS 28 GAUGE                                                                                                                                                                   | Tier 3           | OTC                                     |
| UNIFINE PEN NEEDLE NEEDLE 32<br>GAUGE X 5/32"                                                                                                                                                    | Tier 2           | OTC                                     |
| UNIFINE PENTIPS NEEDLE 29 GAUGE                                                                                                                                                                  | Tier 2           | OTC                                     |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                      | Tier 2           | OTC                                     |
| UNISTIK 3 COMFORT LANCET                                                                                                                                                                         | Tier 3           | OTC                                     |
| UNISTIK 3 LANCETS 21 GAUGE                                                                                                                                                                       | Tier 3           | OTC                                     |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                                                                                                                                                                 | Tier 3           | OTC                                     |
| UNISTIK CZT LANCET 23 GAUGE, 28<br>GAUGE                                                                                                                                                         | Tier 3           | OTC                                     |
| UNISTIK PRO LANCET 21 GAUGE, 25<br>GAUGE, 28 GAUGE                                                                                                                                               | Tier 3           | OTC                                     |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE                                                                                                                                                                | Tier 3           | OTC                                     |
| UNISTIK TOUCH LANCETS 28 GAUGE, 30<br>GAUGE                                                                                                                                                      | Tier 3           | OTC                                     |
| VANISHPOINT INSULIN SYRINGE<br>SYRINGE 1 ML 30 GAUGE X 3/16"                                                                                                                                     | Tier 2           | OTC                                     |
| VERIFINE PEN NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31 GAUGE X 5/16", 32<br>GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                           | Tier 2           | OTC                                     |
| VIVAGUARD LANCET 30 GAUGE                                                                                                                                                                        | Tier 3           | OTC                                     |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL<br>DIAPHRAGM 60 MM                                                                                                                                                | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL<br>DIAPHRAGM 65 MM                                                                                                                                                | Tier 1           | ACA                                     |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL<br>DIAPHRAGM 70 MM                                                                                                                                                | Tier 1           | ACA                                     |

| Prescription Drug Name                                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM                                                                                             | Tier 1    | ACA                              |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM                                                                                             | Tier 1    | ACA                              |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM                                                                                             | Tier 1    | ACA                              |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM                                                                                             | Tier 1    | ACA                              |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM                                                                                             | Tier 1    | ACA                              |
| <b>Metabolic Modifiers</b>                                                                                                                 |           |                                  |
| <b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type</b>                                                                           |           |                                  |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                                                                                | Tier 5    | PA                               |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                                                                       | Tier 4    | PA                               |
| <b>Metabolic Modifier - Homocystinuria Treatment Agents</b>                                                                                |           |                                  |
| <i>betaine oral powder 1 gram/scoop</i>                                                                                                    | Tier 5    | PA; SP                           |
| CYSTADANE ORAL POWDER 1 GRAM/SCOOP                                                                                                         | Tier 5    | PA; SP                           |
| <b>Mouth-Throat-Dental - Preparations</b>                                                                                                  |           |                                  |
| <b>Dental Product - Fluoride Preparations</b>                                                                                              |           |                                  |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>                                                                         | Tier 1    | ACA; Age (Max 6 Years)           |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | Tier 1    | ACA; Age (Max 6 Years)           |
| <b>Mouth and Throat - Antifungals</b>                                                                                                      |           |                                  |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                                                                           | Tier 2    |                                  |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                                                                            | Tier 2    |                                  |
| <b>Mouth and Throat - Antiseptics</b>                                                                                                      |           |                                  |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>                                                                            | Tier 2    |                                  |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>                                                                                  | Tier 2    |                                  |

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <i>periogard mucous membrane mouthwash 0.12 %</i>                      | Tier 2    |                                  |
| <b>Mouth and Throat - Glucocorticoids</b>                              |           |                                  |
| <i>oralone dental paste 0.1 %</i>                                      | Tier 2    |                                  |
| <i>triamcinolone acetonide dental paste 0.1 %</i>                      | Tier 2    |                                  |
| <b>Mouth and Throat - Local Anesthetic Amides</b>                      |           |                                  |
| <i>lidocaine hcl mucous membrane solution 2 %</i>                      | Tier 2    |                                  |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>           | Tier 2    | QL (300 ML per 90 days)          |
| <i>lidocaine viscous mucous membrane solution 2 %</i>                  | Tier 2    |                                  |
| <b>Mouth and Throat - Saliva Stimulants</b>                            |           |                                  |
| <i>cevimeline oral capsule 30 mg</i>                                   | Tier 3    | PA                               |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                        | Tier 3    |                                  |
| <b>Periodontal Product - Tetracycline-Type, Collagenase Inhibitors</b> |           |                                  |
| <i>doxycycline hyclate oral tablet 20 mg</i>                           | Tier 2    |                                  |
| <b>Multiple Sclerosis Agents</b>                                       |           |                                  |
| <b>Multiple Sclerosis Agent - Interferons</b>                          |           |                                  |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML                        | Tier 5    | PA; SP                           |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                    | Tier 5    | PA; SP                           |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML                             | Tier 5    | PA; SP                           |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                         | Tier 5    | PA; SP                           |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                      | Tier 5    | PA; SP                           |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG                               | Tier 5    | PA; SP                           |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG                                        | Tier 5    | PA; SP                           |
| EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG                                 | Tier 5    | PA; SP                           |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML                          | Tier 5    | PA; SP                           |

| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                        | Tier 5    | PA; SP                           |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                             | Tier 5    | PA; SP                           |
| <b>Multiple Sclerosis Agent - Others</b>                                                               |           |                                  |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> | Tier 5    | PA; SP                           |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>                                              | Tier 5    | PA; SP                           |
| <i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>                                                 | Tier 5    | PA; SP                           |
| <b>Multiple Sclerosis Agent - Potassium Channel Blocker</b>                                            |           |                                  |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                          | Tier 5    | PA; SP                           |
| <b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors</b>                                      |           |                                  |
| AUBAGIO ORAL TABLET 14 MG, 7 MG                                                                        | Tier 5    | PA; SP                           |
| <b>Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator</b>                           |           |                                  |
| <i>fingolimod oral capsule 0.5 mg</i>                                                                  | Tier 5    | PA; SP                           |
| <b>Ophthalmic Agents</b>                                                                               |           |                                  |
| <b>Miotics - Cholinesterase Inhibitors</b>                                                             |           |                                  |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %                                                      | Tier 4    |                                  |
| <b>Miotics - Direct Acting</b>                                                                         |           |                                  |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                            | Tier 2    |                                  |
| <b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations</b>                               |           |                                  |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                                                    | Tier 4    | QL (8 ML per 30 days)            |
| <b>Ophthalmic - Antibacterial-Glucocorticoid Combinations</b>                                          |           |                                  |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %                                                   | Tier 3    |                                  |



| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>             | Tier 2    |                                  |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | Tier 2    |                                  |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>          | Tier 2    |                                  |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>           | Tier 2    |                                  |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                          | Tier 2    |                                  |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>                        | Tier 2    |                                  |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                                         | Tier 4    | QL (3.5 GM per 30 days)          |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                          | Tier 2    |                                  |
| <b>Ophthalmic - Anticholinergics</b>                                                                 |           |                                  |
| <i>atropine ophthalmic (eye) drops 1 %</i>                                                           | Tier 2    |                                  |
| <i>homatropaire ophthalmic (eye) drops 5 %</i>                                                       | Tier 2    |                                  |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>                                                 | Tier 2    |                                  |
| <b>Ophthalmic - Antihistamines</b>                                                                   |           |                                  |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                                      | Tier 2    | QL (6 ML per 30 days)            |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>                                             | Tier 4    | PA                               |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                                      | Tier 2    |                                  |
| LASTACRAFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.25 %                                           | Tier 4    | PA; OTC                          |
| LASTACRAFT OPHTHALMIC (EYE) DROPS 0.25 %                                                             | Tier 4    | PA                               |
| ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %                                                          | Tier 4    | PA                               |
| <b>Ophthalmic - Anti-Inflammatory, Glucocorticoids</b>                                               |           |                                  |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                                   | Tier 2    |                                  |

| Prescription Drug Name                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i>                     | Tier 4    |                                  |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>         | Tier 2    |                                  |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %                             | Tier 3    |                                  |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %                                | Tier 4    |                                  |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>   | Tier 3    |                                  |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %                     | Tier 3    |                                  |
| <i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i> | Tier 2    |                                  |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>      | Tier 2    |                                  |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>        | Tier 2    |                                  |
| <b>Ophthalmic - Anti-Inflammatory, Immunomodulators</b>                |           |                                  |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                       | Tier 3    | QL (5.5 ML per 30 days)          |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %                           | Tier 2    | QL (60 EA per 30 days)           |
| <b>Ophthalmic - Anti-inflammatory, LFA-1 antagonists</b>               |           |                                  |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %                                | Tier 3    | QL (60 EA per 30 days)           |
| <b>Ophthalmic - Anti-inflammatory, NSAIDs</b>                          |           |                                  |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                         | Tier 3    |                                  |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                  | Tier 2    |                                  |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>               | Tier 2    |                                  |
| <i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>                   | Tier 2    |                                  |
| <b>Ophthalmic - Beta blockers-Adrenergic Combinations</b>              |           |                                  |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>            | Tier 4    |                                  |

| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations</b> |           |                                  |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>            | Tier 2    |                                  |
| <b>Ophthalmic - Carbonic Anhydrase Inhibitors</b>                           |           |                                  |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>                   | Tier 4    | QL (15 ML per 30 days)           |
| <i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>                          | Tier 2    |                                  |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                               | Tier 2    |                                  |
| <b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers</b>     |           |                                  |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                               | Tier 2    |                                  |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                         | Tier 4    | PA                               |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                 | Tier 2    |                                  |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                             | Tier 2    |                                  |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                 | Tier 2    |                                  |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i>          | Tier 4    |                                  |
| <b>Ophthalmic - Local Anesthetic Esters</b>                                 |           |                                  |
| <i>alcaine ophthalmic (eye) drops 0.5 %</i>                                 | Tier 2    |                                  |
| <i>altacaine ophthalmic (eye) drops 0.5 %</i>                               | Tier 2    |                                  |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>                            | Tier 2    |                                  |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>                     | Tier 2    |                                  |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>                          | Tier 2    |                                  |
| <b>Ophthalmic - Mast Cell Stabilizers</b>                                   |           |                                  |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 %                                           | Tier 4    | PA                               |
| ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %                                          | Tier 3    | PA                               |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                  | Tier 2    |                                  |
| <b>Ophthalmic Antibacterial Mixtures</b>                                    |           |                                  |
| <i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>           | Tier 2    |                                  |

| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>               | Tier 2    |                                  |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | Tier 2    |                                  |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                              | Tier 2    |                                  |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>           | Tier 2    |                                  |
| <b>Ophthalmic Antibiotic - Aminoglycosides</b>                                             |           |                                  |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>                                  | Tier 2    |                                  |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                                             | Tier 2    |                                  |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                             | Tier 2    |                                  |
| <b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors</b>                                 |           |                                  |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                                  | Tier 2    |                                  |
| <b>Ophthalmic Antibiotic - Fluoroquinolones</b>                                            |           |                                  |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %                                          | Tier 3    | PA                               |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %                                                    | Tier 4    |                                  |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                                      | Tier 2    |                                  |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                                           | Tier 2    |                                  |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>                                           | Tier 2    | PA                               |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>                                           | Tier 2    |                                  |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                              | Tier 2    |                                  |
| <b>Ophthalmic Antibiotic - Macrolides</b>                                                  |           |                                  |
| AZASITE OPHTHALMIC (EYE) DROPS 1 %                                                         | Tier 4    | PA                               |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                            | Tier 2    |                                  |
| <b>Ophthalmic Antibiotic - Sulfonamides</b>                                                |           |                                  |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                                    | Tier 2    |                                  |

| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ophthalmic Antivirals</b>                                                          |           |                                  |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                        | Tier 3    | PA                               |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %                                                    | Tier 4    | PA                               |
| <b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists</b>         |           |                                  |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                     | Tier 2    |                                  |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>                                      | Tier 3    |                                  |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                                       | Tier 6    |                                  |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %                                             | Tier 4    |                                  |
| <b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs</b>         |           |                                  |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                                      | Tier 3    | QL (5 ML per 30 days)            |
| <i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>                                | Tier 6    | QL (7.5 ML per 30 days)          |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                                     | Tier 6    | QL (5 ML per 30 days)            |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                                 | Tier 4    | ST; QL (7.5 ML per 30 days)      |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>                                      | Tier 3    | QL (5 ML per 30 days)            |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %                                    | Tier 4    | ST; QL (30 EA per 30 days)       |
| <b>Otic (Ear)</b>                                                                     |           |                                  |
| <b>Otic (Ear) - Anti-infective-Glucocorticoid Combinations</b>                        |           |                                  |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %                                          | Tier 4    | PA                               |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>              | Tier 3    |                                  |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML                         | Tier 4    | PA                               |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2    |                                  |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2    |                                  |
| <b>Otic (Ear) - Anti-infectives other</b>                                     |           |                                  |
| <i>acetic acid otic (ear) solution 2 %</i>                                    | Tier 2    |                                  |
| <b>Otic (Ear) - Fluoroquinolones</b>                                          |           |                                  |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                       | Tier 2    |                                  |
| <b>Otic (Ear) - Glucocorticoids</b>                                           |           |                                  |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>                     | Tier 3    |                                  |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                      | Tier 2    |                                  |
| <b>Respiratory Therapy Agents</b>                                             |           |                                  |
| <b>1st Generation Antihistamine-Decongestant Combinations</b>                 |           |                                  |
| <i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>                              | Tier 2    |                                  |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>                   | Tier 2    |                                  |
| <b>Antihistamine - 1st Generation - Ethanolamines</b>                         |           |                                  |
| <i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>                     | Tier 2    | OTC                              |
| <i>allergy oral liquid 12.5 mg/5 ml</i>                                       | Tier 2    | OTC                              |
| <i>allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml</i>                | Tier 2    | OTC                              |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                            | Tier 2    |                                  |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                 | Tier 2    |                                  |
| <i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>                | Tier 2    | OTC                              |
| <i>children's diphenhydramine oral liquid 12.5 mg/5 ml</i>                    | Tier 2    | OTC                              |
| <i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>                   | Tier 2    | OTC                              |
| <i>clemastine oral tablet 2.68 mg</i>                                         | Tier 2    |                                  |
| <i>diphedryl allergy oral liquid 12.5 mg/5 ml</i>                             | Tier 2    | OTC                              |
| <i>diphedryl oral liquid 12.5 mg/5 ml</i>                                     | Tier 2    | OTC                              |
| <i>diphen oral elixir 12.5 mg/5 ml</i>                                        | Tier 2    |                                  |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                        | Tier 2    |                                  |

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>        | Tier 2    |                                  |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>          | Tier 2    | OTC                              |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>          | Tier 2    | OTC                              |
| <i>geri-dryl oral liquid 12.5 mg/5 ml</i>                    | Tier 2    | OTC                              |
| <i>m-dryl oral liquid 12.5 mg/5 ml</i>                       | Tier 2    | OTC                              |
| <i>siladryl sa oral liquid 12.5 mg/5 ml</i>                  | Tier 2    | OTC                              |
| <i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>             | Tier 2    | OTC                              |
| <b>Antihistamine - 1st Generation - Phenothiazines</b>       |           |                                  |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>    | Tier 2    |                                  |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                  | Tier 2    |                                  |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>        | Tier 2    |                                  |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> | Tier 2    | QL (12 EA per 30 days)           |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>  | Tier 2    | QL (12 EA per 30 days)           |
| <b>Antihistamine - 1st Generation - Piperidines</b>          |           |                                  |
| <i>ciproheptadine oral syrup 2 mg/5 ml</i>                   | Tier 2    |                                  |
| <i>ciproheptadine oral tablet 4 mg</i>                       | Tier 2    |                                  |
| <b>Antihistamines - 1st Generation</b>                       |           |                                  |
| <i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>    | Tier 2    | OTC                              |
| <i>allergy oral liquid 12.5 mg/5 ml</i>                      | Tier 2    | OTC                              |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>           | Tier 2    |                                  |
| <i>clemastine oral tablet 2.68 mg</i>                        | Tier 2    |                                  |
| <i>diphedryl allergy oral liquid 12.5 mg/5 ml</i>            | Tier 2    | OTC                              |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>        | Tier 2    |                                  |
| <i>promethazine rectal suppository 50 mg</i>                 | Tier 2    | QL (12 EA per 30 days)           |
| <i>promethegan rectal suppository 25 mg</i>                  | Tier 2    | QL (12 EA per 30 days)           |
| <b>Antihistamines - 2nd Generation</b>                       |           |                                  |
| <i>24hour allergy oral tablet 10 mg</i>                      | Tier 2    | OTC; QL (30 EA per 30 days)      |
| <i>24hr allergy relief oral tablet 5 mg</i>                  | Tier 2    | OTC                              |



| <b>Prescription Drug Name</b>                               | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b> |
|-------------------------------------------------------------|------------------|-----------------------------------------|
| <i>all day allergy (cetirizine) oral solution 1 mg/ml</i>   | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>all day allergy (cetirizine) oral tablet 10 mg</i>       | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>allerclear oral tablet 10 mg</i>                         | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>aller-ease oral tablet 180 mg</i>                        | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>aller-ease oral tablet 60 mg</i>                         | Tier 2           | OTC; QL (60 EA per 30 days)             |
| <i>aller-fex oral tablet 180 mg</i>                         | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>allergy relief (cetirizine) oral solution 1 mg/ml</i>    | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>allergy relief (cetirizine) oral tablet 10 mg, 5 mg</i>  | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>allergy relief (fexofenadine) oral tablet 180 mg</i>     | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>allergy relief (fexofenadine) oral tablet 60 mg</i>      | Tier 2           | OTC; QL (60 EA per 30 days)             |
| <i>allergy relief (levocetirizin) oral tablet 5 mg</i>      | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>allergy relief (loratadine) oral tablet 10 mg</i>        | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>aller-tec oral tablet 10 mg</i>                          | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>cetirizine oral solution 1 mg/ml</i>                     | Tier 2           | QL (300 ML per 30 days)                 |
| <i>cetirizine oral solution 5 mg/5 ml</i>                   | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>cetirizine oral tablet 10 mg, 5 mg</i>                   | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>child allergy relf(cetirizine) oral solution 1 mg/ml</i> | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>children's allergy(cetirizine) oral solution 1 mg/ml</i> | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>children's cetirizine oral solution 1 mg/ml</i>          | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>children's wal-zyr oral solution 1 mg/ml</i>             | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>child's all day allergy(cetir) oral solution 1 mg/ml</i> | Tier 2           | OTC; QL (300 ML per 30 days)            |
| <i>desloratadine oral tablet 5 mg</i>                       | Tier 2           |                                         |
| <i>fexofenadine oral tablet 180 mg</i>                      | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>fexofenadine oral tablet 60 mg</i>                       | Tier 2           | OTC; QL (60 EA per 30 days)             |
| <i>levocetirizine oral tablet 5 mg</i>                      | Tier 2           |                                         |
| <i>loradamed oral tablet 10 mg</i>                          | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>loratadine oral tablet 10 mg</i>                         | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>wal-fex allergy oral tablet 180 mg</i>                   | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>wal-fex allergy oral tablet 60 mg</i>                    | Tier 2           | OTC; QL (60 EA per 30 days)             |
| <i>wal-itin oral tablet 10 mg</i>                           | Tier 2           | OTC; QL (30 EA per 30 days)             |
| <i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>           | Tier 2           | OTC; QL (300 ML per 30 days)            |



| Prescription Drug Name                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>wal-zyr (cetirizine) oral tablet 10 mg</i>                                                                                                                    | Tier 2    | OTC; QL (30 EA per 30 days)      |
| <b>Antihistamines - 2nd Generation - Piperazines</b>                                                                                                             |           |                                  |
| <i>allergy relief (cetirizine) oral tablet 5 mg</i>                                                                                                              | Tier 2    | OTC; QL (30 EA per 30 days)      |
| <b>Antihistamines - 2nd Generation - Piperidines</b>                                                                                                             |           |                                  |
| <i>allerclear oral tablet 10 mg</i>                                                                                                                              | Tier 2    | OTC; QL (30 EA per 30 days)      |
| <b>Antitussives - Non-Opioid</b>                                                                                                                                 |           |                                  |
| <i>benzonatate oral capsule 100 mg</i>                                                                                                                           | Tier 2    |                                  |
| <b>Asthma Therapy - 5-Lipoxygenase Inhibitors</b>                                                                                                                |           |                                  |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>                                                                                                          | Tier 5    | PA                               |
| <b>Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb</b>                                                                                                   |           |                                  |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                                                                                                            | Tier 5    | PA; SP                           |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                                                                                                              | Tier 5    | PA; SP                           |
| <b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)</b>                                                                                                |           |                                  |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                                            | Tier 3    | QL (30 EA per 30 days)           |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                                                | Tier 4    | ST; QL (13 GM per 30 days)       |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | Tier 4    | ST; QL (1 EA per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>                                                                    | Tier 3    | QL (120 ML per 30 days)          |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION                                                             | Tier 3    | QL (60 EA per 30 days)           |

| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION                   | Tier 3    | QL (12 GM per 30 days)           |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION                                       | Tier 3    | QL (10.6 GM per 30 days)         |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | Tier 4    | ST; QL (1 EA per 30 days)        |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION          | Tier 4    | ST; QL (10.6 GM per 30 days)     |
| <b>Asthma Therapy - Leukotriene Receptor Antagonists</b>                                          |           |                                  |
| <i>montelukast oral granules in packet 4 mg</i>                                                   | Tier 2    |                                  |
| <i>montelukast oral tablet 10 mg</i>                                                              | Tier 2    |                                  |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>                                               | Tier 2    |                                  |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                       | Tier 2    |                                  |
| <b>Asthma Therapy - Xanthines</b>                                                                 |           |                                  |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                                       | Tier 3    |                                  |
| <i>theophylline oral solution 80 mg/15 ml</i>                                                     | Tier 3    |                                  |
| <i>theophylline oral tablet extended release 12 hr 450 mg</i>                                     | Tier 3    |                                  |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                             | Tier 3    |                                  |
| <b>Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors</b>                                        |           |                                  |
| <i>roflumilast oral tablet 500 mcg</i>                                                            | Tier 4    | QL (30 EA per 30 days)           |
| <b>Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting</b>                                  |           |                                  |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                            | Tier 3    | QL (4 GM per 30 days)            |
| SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG                             | Tier 3    | QL (30 EA per 30 days)           |
| <b>Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting</b>                                 |           |                                  |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                      | Tier 3    | QL (12.9 GM per 30 days)         |

| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                    | Tier 2    |                                  |
| <b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting</b>                                                              |           |                                  |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>                                                              | Tier 5    | PA; QL (120 ML per 30 days)      |
| <b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting</b>                                                             |           |                                  |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                                                                 | Tier 2    | QL: 2 INHALERS IN 30 DAYS        |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 2    |                                  |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>                    | Tier 2    | ST                               |
| <b>Asthma/COPD Therapy - Beta Adrenergic Agents</b>                                                                                      |           |                                  |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                                                            | Tier 2    |                                  |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>                                                                   | Tier 2    |                                  |
| <i>metaproterenol oral syrup 10 mg/5 ml</i>                                                                                              | Tier 2    |                                  |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                                                              | Tier 2    |                                  |
| <i>terbutaline subcutaneous solution 1 mg/ml</i>                                                                                         | Tier 2    |                                  |
| <b>Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations</b>                                                                |           |                                  |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                                                                       | Tier 3    | QL (60 EA per 30 days)           |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                                                                  | Tier 3    | QL (4 GM per 30 days)            |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                                          | Tier 2    |                                  |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                                                                   | Tier 3    | QL (4 GM per 30 days)            |

| Prescription Drug Name                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations</b>                                  |           |                                  |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE            | Tier 2    | QL (60 EA per 30 days)           |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | Tier 3    | QL (12 GM per 30 days)           |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE                              | Tier 3    | QL (60 EA per 30 days)           |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION                      | Tier 3    | QL (10.2 GM per 30 days)         |
| <b>Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb,</b>                              |           |                                  |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                 | Tier 3    | QL (10.7 GM per 30 days)         |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG                           | Tier 3    | QL (60 EA per 30 days)           |
| <b>Cystic Fibrosis - Inhaled Aminoglycosides</b>                                                          |           |                                  |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>                        | Tier 5    | PA; SP                           |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>                         | Tier 5    | PA; SP                           |
| <b>Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb</b>                             |           |                                  |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                          | Tier 5    | PA; SP; QL (56 EA per 28 days)   |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                                | Tier 5    | PA; SP; QL (112 EA per 28 days)  |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                      | Tier 5    | PA; SP                           |

| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Mucolytics</b>                                                           |           |                                  |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>           | Tier 3    |                                  |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                       | Tier 5    | PA; SP                           |
| <b>Nasal Anticholinergics</b>                                               |           |                                  |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>          | Tier 2    | QL (30 ML per 30 days)           |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>          | Tier 2    | QL (15 ML per 30 days)           |
| <b>Nasal Antihistamine and Anti-inflammatory Steroid Combinations</b>       |           |                                  |
| <i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>      | Tier 3    | PA                               |
| <b>Nasal Antihistamines</b>                                                 |           |                                  |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>                       | Tier 2    |                                  |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>                | Tier 2    |                                  |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i>                            | Tier 2    | QL (31 GM per 30 days)           |
| <b>Nasal Corticosteroids</b>                                                |           |                                  |
| <i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>       | Tier 2    | OTC                              |
| <i>24 hour nasal allergy nasal aerosol,spray 55 mcg</i>                     | Tier 2    | OTC                              |
| <i>aller-cort nasal aerosol,spray 55 mcg</i>                                | Tier 2    | OTC                              |
| <i>aller-flo nasal spray,suspension 50 mcg/actuation</i>                    | Tier 2    | OTC                              |
| <i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i> | Tier 2    | OTC                              |
| BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)                       | Tier 4    | ST                               |
| <i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>                  | Tier 2    | OTC; QL (8.43 ML per 30 days)    |
| <i>clarispray nasal spray,suspension 50 mcg/actuation</i>                   | Tier 2    | OTC                              |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                 | Tier 2    | QL (50 ML per 30 days)           |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>       | Tier 2    | QL (16 GM per 30 days)           |

| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>                    | Tier 3    | ST                               |
| <i>nasal allergy nasal aerosol,spray 55 mcg</i>                               | Tier 2    | OTC                              |
| <i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>                     | Tier 2    | OTC                              |
| <b>Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations</b> |           |                                  |
| <i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>                                  | Tier 2    |                                  |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>                | Tier 2    |                                  |
| <b>Non-Opioid Antitussive-Antihistamine Combinations</b>                      |           |                                  |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                             | Tier 2    |                                  |
| <b>Opioid Antitussive-1st Generation Antihistamine Combinations</b>           |           |                                  |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                        | Tier 2    |                                  |
| <b>Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb.</b>     |           |                                  |
| <i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>                   | Tier 2    |                                  |
| <i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>            | Tier 2    |                                  |
| <b>Opioid Antitussive-Anticholinergic Combinations</b>                        |           |                                  |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>                       | Tier 2    |                                  |
| <i>hydromet oral syrup 5-1.5 mg/5 ml</i>                                      | Tier 2    |                                  |
| <b>Opioid Antitussive-Expectorant Combinations</b>                            |           |                                  |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>                         | Tier 2    | OTC                              |
| <i>g tussin ac oral liquid 10-100 mg/5 ml</i>                                 | Tier 2    | OTC                              |
| <i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>                             | Tier 2    | OTC                              |
| <i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>                              | Tier 2    | OTC                              |
| <i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>                                | Tier 2    | OTC                              |

| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy</b>       |           |                                  |
| ESBRIET ORAL CAPSULE 267 MG                                             | Tier 5    | PA; SP                           |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i>                           | Tier 5    | PA; SP                           |
| <b>Vaginal Products</b>                                                 |           |                                  |
| <b>Vaginal Antibacterial - Lincosamides</b>                             |           |                                  |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                      | Tier 4    |                                  |
| <i>clindamycin phosphate vaginal cream 2 %</i>                          | Tier 2    |                                  |
| <b>Vaginal Antifungal - Imidazoles</b>                                  |           |                                  |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                            | Tier 3    |                                  |
| <b>Vaginal Antifungal - Triazoles</b>                                   |           |                                  |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                           | Tier 2    |                                  |
| <i>terconazole vaginal suppository 80 mg</i>                            | Tier 2    |                                  |
| <b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives</b> |           |                                  |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                 | Tier 2    |                                  |
| <b>Vaginal Estrogens</b>                                                |           |                                  |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                     | Tier 3    |                                  |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)                            | Tier 4    |                                  |
| <b>Vaginal Progestins</b>                                               |           |                                  |
| CRINONE VAGINAL GEL 4 %                                                 | Tier 5    | PA                               |





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