



# AmeriHealth Caritas Next North Carolina Formulary

Effective October 30, 2023

[www.amerihealthcaritasnext.com/nc](http://www.amerihealthcaritasnext.com/nc)

This document applies to AmeriHealth Caritas Next individual and family health plans both on and off the Exchange.

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## Pharmacy Benefit Information

### Prescription Drug Benefits

AmeriHealth Caritas Next strives to provide you with high-quality and cost-effective drug coverage.

We use PerformRx<sup>SM</sup> to help manage your prescription drug benefit, including specialty medications. You will need to get your prescription medications filled from a network pharmacy to obtain coverage. Prescriptions can be filled at either a retail network pharmacy or through our mail-order network pharmacy. You will need to show your AmeriHealth Caritas Next member ID card when you fill or obtain your prescription medications.

The prescription drug benefits do not cover all drugs and prescriptions. Some drugs must meet certain medical necessity guidelines before we can cover them. Your provider must ask us for prior authorization before we will cover these drugs.

#### Formulary

The list of prescription drugs covered under this plan is called a formulary. The formulary applies only to drugs you get at retail, mail-order, and specialty pharmacies. Along with the covered drugs, the formulary also allows you to review any limitations or restrictions such as prior authorization, step therapy, quantity limits, and age limits. The formulary does not apply to drugs you get if you are in the hospital. For our latest pharmacy benefit and formulary information please visit <https://www.amerhealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx> or call us at **1-833-613-2262**.

The formulary is a closed formulary (i.e., products not listed are treated as nonformulary); however, drugs not on the formulary can still be requested, and our pharmacy benefits manager's coverage determination and prior authorization process may allow for nonformulary exceptions.

The formulary covers both brand (preferred and nonpreferred) and generic drugs and will determine what your out-of-pocket costs will be under our plan based on the drug tier. Please refer to your Summary of Benefits and Coverage for more information on copays and deductibles.

#### Covered prescription drugs and supplies

The prescription drug benefits cover many different therapeutic classes of drugs, which you can find at <https://www.amerhealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx>. You can use the searchable drug list to search by the first letter of your medication, by typing part of the generic (chemical) or brand (trade) names, or by selecting the therapeutic class of the medication you are looking for.

Your prescription drug benefits cover prescription insulin drugs and will include at least one formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by your health benefit plan.

- Rapid-acting
- Short-acting
- Intermediate-acting
- Long-acting

## Pharmacy Benefit Information

In addition to the covered prescription drugs and supplies listed in the Formulary, we may cover:

- Oral and injectable drug therapies used in the treatment of covered infertility services only when you have been approved for covered infertility treatment.
- Compounded medications: If at least one active ingredient requires a prescription by law and is approved by the U.S. Food and Drug Administration (FDA). Compounding kits that are not FDA approved and include prescription ingredients that are readily available may not be covered. To confirm whether the specific medication or kit is covered under this plan, please call the Member Services team. Some compounded medications may be subject to prior authorization.
- We will also cover certain off-label uses of cancer drugs in accordance with state law. To qualify for off-label use, the drug must be recognized for the specific treatment for which the drug is being prescribed by one of the following compendia: (1) National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium; (2) The Thompson Micromedex DrugDex; (3) American Hospital Formulary Service; (4) Lexi-Drugs; or (5) any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services.

Included in the Formulary are:

- Hormone replacement therapy (HRT) for perimenopausal and postmenopausal individuals
- Hypodermic syringes or needles when Medically Necessary

### Narrow Therapeutic Index (NTI) Drugs

AmeriHealth Caritas Next will cover certain Narrow Therapeutic Index (NTI) brand medications. The medication may first require a prior authorization to be covered.

The brand formulations of the following NTI medications are eligible for coverage:

- Carbamazepine
- Cyclosporine
- Digoxin
- Ethosuximide
- Levothyroxine sodium tablets
- Lithium
- Phenytoin
- Procainamide
- Tacrolimus
- Theophylline
- Warfarin sodium tablets

### Preventive medications

Under the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), some preventive medications may be covered at no cost (copay, coinsurance, or deductible) for AmeriHealth Caritas Next members.

## Pharmacy Benefit Information

These include certain medications as follows:

- Bowel Preparations – for members from ages 45 to 75 years
- Oral Fluoride Supplementation – for members from ages 6 months to 5 years
- Moderate-intensity Statins – for member from ages 40 to 75 years
- Folic acid 400 to 800 mcg for members of childbearing age
- Aspirin 81mg to prevent or delay the onset of preeclampsia
- Tobacco Cessation
  - Nicotine gum
  - Nicotine lozenge
  - Nicotine patch
  - Bupropion HCL (smoking deterrent) tab ER 12hr 150 mg
  - Varenicline tartrate
- HIV Pre-exposure prophylaxis (PrEP):
  - Descovy (emtricitabine/tenofovir alafenamide), oral tablet 200mg-25mg
  - Emtricitabine-tenofovir DF, oral tablet 200mg-300 mg
- Breast Cancer primary prevention:
  - Anastrozole, oral tablet 1mg
  - Exemestane, oral tablet 25mg
  - Letrozole, oral tablet 2.5mg
  - Raloxifene HCL, oral tablet 60 mg
  - Tamoxifen citrate, oral tablet 10 mg and 20 mg
- Vaccines recommended by Advisory Committee on Immunization Practices (ACIP)
- Contraception: required by the Women's Prevention Services provision of the ACA, contraceptives are covered at 100% for generic products when prescribed by a participating network provider.
  - Contraceptive categories include\*:
    - Oral contraceptives
    - Injectable contraceptives
    - Barrier methods (by prescription [Rx])
    - Intrauterine devices, subdermal rods, and vaginal rings (Rx)
    - Transdermal patches (Rx)
    - Emergency contraception (Rx or over-the-counter [OTC])
    - Condoms (OTC)
    - Female condoms (OTC)
    - Vaginal pH modulators (Rx)
    - Vaginal sponges (OTC)
    - spermicides (OTC)

\*Please see the formulary for the most up-to-date list of products.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications.

## Pharmacy Benefit Information

### Exclusions

What is not covered:

- Any drug products used exclusively for cosmetic purposes
- Experimental drugs, which are those that cannot be marketed lawfully without the approval of the FDA and for which such approval has not been granted at the time of their use or proposed use, or for which such approval has been withdrawn
- Prescription drugs that are not approved by the FDA
- Drugs on the FDA Drug Efficacy Study Implementation (DESI) list
- Immunization agents or vaccines not listed on the formulary. Some immunizations may be covered under the medical benefit.
- Medical supplies\*
- Mifepristone (Mifeprex)\*
- Prescription and over-the-counter homeopathic medications
- Drugs that by law do not require a prescription (OTC) unless listed on the formulary as covered
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children, and supplements for the treatment of mitochondrial disease)
- Topical and oral fluorides for adults
- Medications for the treatment of idiopathic short stature
- Prescriptions filled at pharmacies other than network-designated pharmacies, except for emergency care or other permissible reasons. An override will be required to allow the pharmacy to process the claim.
- Prescriptions filled through an internet pharmacy that is not a verified internet pharmacy practice site, certified by the National Association of Boards of Pharmacy
- Prescription medications, when the same active ingredient, or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication, that has become available over the counter. In these cases, the specific medication may not be covered, and the entire class of prescription medications may also not be covered.
- Prescription medications when co-packaged with non-prescription products
- Medications packaged for institutional use will be excluded from the pharmacy benefit coverage unless otherwise noted on the formulary.
- Drugs used for erectile dysfunction or sexual dysfunction
- Drugs used for weight loss
- Bulk Chemicals
- Repackaged products
- Unit Dose products

\* Certain drugs may be covered as a non-pharmacy benefit (e.g., infused or injected drugs, which are covered under medical benefits).

For our latest pharmacy benefit and formulary information, please visit

<https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx> or call us at **1-833-613-2262**.

## Pharmacy Benefit Information

### Formulary Changes

The formulary is occasionally subject to change. If a change negatively affects the medication you are taking, we will provide written notice to you before the change takes effect. We will work with you and your prescriber to transition to another covered medication if you are on a long-term prescription.

### Formulary Tier Explanation

Tier 1 — Generics

Tier 2 — Preferred Brand

Tier 3 — Nonpreferred Brand

Tier 4 — Specialty

Please see your specific “metal level” coverage for co-pay and coinsurance amounts.

### Prior Authorizations, step-therapy, quantity limits, age limits, generic drug program, and other formulary tools

PerformRx<sup>SM</sup> may use certain tools to help ensure your safety and so that you are receiving the most appropriate medication at the lowest cost to you. These tools include prior authorization, step therapy, quantity limits, age limits, and generic drug program. Below is more information about these tools.

#### Prior Authorizations (PA)

There are restrictions on the coverage of certain drug products that have a narrow indication for usage, may have safety concerns, and/or are extremely expensive, requiring the prescribing provider to obtain prior authorization from us for such drugs. The formulary states whether a drug requires prior authorization.

#### Step therapy (ST)

Step therapy is a type of prior authorization program (usually automated) that uses a stepwise approach, requiring the use of the most therapeutically appropriate and cost-effective agents first, before other medications may be covered. Members must first try one or more medications on a lower step to treat a certain medical condition before a medication on a higher step is covered for that condition. If your Provider advises that the medications on lower step(s) is not right for your health condition and that the medication on higher step is Medically Necessary, your Provider can submit a request for approval.

#### Quantity limits (QL)

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your Provider can ask us for approval if you need more than we cover.

Quantity limits will be waived under certain circumstances during a state of emergency or disaster.

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### Age limits (AL)

Age limits are designed to prevent potential harm to members and promote appropriate use. The approval criteria are based on information from the FDA, medical literature, actively practicing consultant physicians and pharmacists, and appropriate external organizations.

If the prescription does not meet the FDA age guidelines, it will not be covered until prior authorization is obtained. Your Provider can request an age limit exception.

### Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. When generic drugs are available, we may not cover the brand-name drug without granting approval. If you and your provider feel that a generic drug is not right for your health condition and that the brand name drug is medically necessary, your provider can ask for prior authorization.

### New-to-market drugs

We review new drugs for safety and effectiveness before we add them to our formulary. A Provider who feels a new-to-market drug is medically necessary for you before we have reviewed it can submit a request for approval.

### Non-formulary drugs

While a majority of drugs are covered, a small number of drugs are not covered because there are safe, effective, and more affordable alternatives available. All of the alternative drug products are approved by the FDA and are widely used and accepted in the medical community to treat the same conditions as the medications that are not covered. If you and your provider feel that a formulary drug is not right for your health condition and that the non-formulary drug is medically necessary, your provider can ask for an exception request.

### Non-covered drugs with over-the-counter alternatives

AmeriHealth Caritas Next does not cover select prescription medications that you can buy without a prescription, or “over-the-counter.” These drugs are commonly referred to as OTC medications.

In addition, when OTC versions of a medication are available and can provide the same therapeutic benefits, AmeriHealth Caritas Next may no longer cover any of the prescription medications in the entire class. For example, non-sedating antihistamines are a class of drugs that give relief for allergy symptoms. Because many non-sedating antihistamines are available over-the-counter, AmeriHealth Caritas Next does not cover them.

Please refer to the pharmacy formulary for a list of covered medications. As always, we encourage you to speak with your provider about which medications may be right for you.

### Prior Authorization and Exception requests

A prior authorization or an exception request may be submitted for the following pharmacy programs: prior authorization, step therapy prior authorization, quantity limitations, age limitations, brand-name drugs with available generics, new-to-market, and non-formulary drugs.

Exception requests are reviewed on a case-by-case basis. Your provider will be asked to provide medical reasons and any other important information about why you need an exception. PerformRx

## Pharmacy Benefit Information

will review the requests and will determine if a request is consistent with our medical necessity guidelines.

We will cover non-formulary prescription drugs if the outpatient drug is prescribed by a network provider to treat a covered person for a covered chronic, disabling, or life-threatening illness if the drug:

- Has been approved by the U.S. Food and Drug Administration (FDA) for at least one indication; and
- Is recognized for treatment of the indication for which the drug is prescribed in:
  - A prescription drug reference compendium approved by the Insurance Commissioner for purposes of this section; or
  - Substantially accepted peer-reviewed medical literature;

and

- There are no formulary drugs that can be taken for the same condition. If there are formulary alternatives to treat the same condition then documentation must be provided that the member has had a treatment failure with, or is unable to tolerate, two or more formulary alternative medications.
- Prescription drug samples, coupons, or other incentive programs will not be considered a trial and failure of a prescribed drug in place of trying the formulary-preferred or nonrestricted access prescription drug.

PerformRx will review the request. If the requested drug is approved, it will be covered according to our medical necessity guidelines. If the request is not approved then you, your authorized representative, or your provider can appeal the decision.

If the request for a non-formulary drug is approved, the medication will be covered on the highest tier.

You, your authorized representative, or your provider can visit our website to review the formulary and find covered drugs. You can access a searchable and a printable formulary on our website at <https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx>.

Requests for prior authorizations can be made:

- Electronically: directly to our pharmacy benefits manager (PBM), PerformRxSM, at [https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu\\_id=Y65L6nti7Fh2jJt8A7Rsjw%3d%3d](https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu_id=Y65L6nti7Fh2jJt8A7Rsjw%3d%3d)
- By fax: **1-855-756-9901**
- By mail to:  
200 Stevens Drive  
Philadelphia, PA 19113 CC: 236
- By telephone at: **1-844-211-0968**

Once all necessary and relevant information to make a decision is received, our PBM, PerformRxSM will review the request. If the request is approved, they will provide an approval response to your provider with a duration of approval. If the request is denied, they will provide a denial response to you and your provider.

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Prior authorization requests will be completed and notifications sent within the following timeframes:

- Standard (non-urgent): no later than **72 hours** after we receive the request and any additionally required information.
- Expedited (fast)\*: no later than **24 hours** after we receive the request and any additionally required information.

\*Expedited (fast) request can be made if you or your provider believe that your health could be seriously harmed by waiting up to 72 hours for a decision. You can indicate your urgent circumstance on the form and request an expedited review.

If the prior authorization request is denied and you feel we have denied the request incorrectly, you may challenge the decision through AmeriHealth Caritas Next's internal dispute process.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call AmeriHealth Caritas Next at **1-833-613-2262 (TTY 1-844-214-2471)** or visit our website at [www.amerihhealthcaritasnext.com/nc](http://www.amerihhealthcaritasnext.com/nc) if you need help with your appeal request. It's easy to ask us for an appeal by using one of the options below:

- Mail: Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 180 days from the date of our written notice denying your claim or your request for service.
- Fax: Fill out, sign, and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax numbers listed on the form.
- By phone: Call **1-833-613-2262 (TTY 1-844-214-2471)** and ask for an appeal.

For more information on appeals please see the section on appeals of the Member Handbook.

If a decision is made to uphold the denial pursuant to our internal dispute process, then upon exhaustion of that process, you have the right to pursue either a standard or, if warranted and appropriate, an expedited external review by an impartial, third-party reviewer known as an independent review organization (IRO).

An expedited external review may be warranted upon exhaustion of the internal appeals process if your health could be seriously compromised by having to wait for resolution of a standard external review. If your request for a standard external review is accepted, it is decided within 45 days of receipt of your request. If your request for an expedited external review is accepted, it is decided within three (3) days of your request.

Alternatively, and depending on the extent to which you or your provider believe that your health could be seriously harmed by waiting for resolution of AmeriHealth Caritas Next's internal dispute process, you may request and be granted an immediate expedited external review by the IRO. Once again, requests for expedited external review are resolved within three (3) days.

We must follow the IRO's decision. If the IRO reverses our decision on a standard external review, we will provide coverage for the drug product within three days of receiving notice of the reversal.

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If the IRO reverses our decision on an expedited external review, we will provide coverage for the non-formulary within one day of receiving notice. An IRO review may be requested by the member, member's representative, or member's prescribing provider by web, mail, or fax at the address below:

- Web: **External Review Request Form** can be found at:  
[https://secure1.ncdoi.com/consumer/ext\\_review\\_entry.jsp](https://secure1.ncdoi.com/consumer/ext_review_entry.jsp). FAQs and more info about external review at <https://www.ncdoi.gov/consumers/health-insurance/health-claim-denied/request-external-review>.
- Mail: North Carolina Department of Insurance  
Health Insurance Smart NC  
1201 Mail Service Center  
Raleigh, NC 27699-1201
- Phone: **1-855-408-1212**
- Fax: **1-919-807-6865**

### Specialty drug program

We have designated specialty pharmacies that specialize in providing medications used to treat certain conditions and are staffed with clinicians to provide support services for members. Some medications must be obtained at a specialty pharmacy. Medications may be added to this program from time to time. Designated specialty pharmacies can dispense up to a 30-Day supply of medication at one time, and the supply is delivered via mail to either the member's home or your doctor's office in certain cases. This is NOT part of the mail-order pharmacy Benefit. Extended-Day supplies and Copayment savings do not apply to these designated specialty drugs.

### Filling prescriptions at the Pharmacy

Retail Pharmacy – you can fill up to a 30-day supply

Mail Order – you can fill a 31-90 day supply

Specialty – you can fill up to a 30-day supply

### Mail Order Pharmacy

We use Alliance Rx Walgreens Pharmacy as our mail-order pharmacy. You must register and have your prescriptions sent to Alliance Rx Walgreens Pharmacy.

Alliance Rx Walgreens Pharmacy  
P.O. Box 29061  
Phoenix, AZ 85038-9061

Alliance Rx Walgreens Pharmacy  
Customer Care Center  
Phone: **1-800-345-1985**  
Fax: **1-480-752-8250**  
<https://www.alliancerxwp.com/>

## Pharmacy Benefit Information

### COVID-19

**Covid-19 Vaccines:** FDA approved Covid-19 vaccines are covered at \$0 copay according to FDA approved indications and age.

For details on the latest formulary information on COVID-19 vaccines, please visit <https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx> or call us at 1-833-613-2262 (TTY 1-844-214-2471).

### School Supply

AmeriHealth Caritas Next allows school supplies for the following medications:

- Insulin
- Insulin needles
- Lancets
- Test strips
- One glucometer for school
- Alcohol swabs
- Glucagon
- Inhalers
- Diastat
- EpiPens
- Spacers

For our latest pharmacy benefit and formulary information, please visit <https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx> or call us at 1-833-613-2262 (TTY 1-844-214-2471).

**CURRENT AS OF 10/30/2023**

|                                                           |                                         | Requirements and Limits              |
|-----------------------------------------------------------|-----------------------------------------|--------------------------------------|
| <b>lowercase italics</b> = Generic drugs                  | <b>Drug Tier</b><br><b>T1</b> = Generic | <b>90DS</b> = 90 Day Supply Eligible |
| <b>UPPERCASE</b> = Brand name drugs                       | <b>T2</b> = Preferred Brand             | <b>AL</b> = Age Limit                |
|                                                           | <b>T3</b> = Non-Preferred Brand         | <b>PA</b> = Prior Authorization      |
|                                                           | <b>T4</b> = Specialty                   | <b>QL</b> = Quantity Limit           |
|                                                           |                                         | <b>ST</b> = Step Therapy             |
|                                                           |                                         | <b>ST</b> = Step Therapy             |
| Drug Name                                                 | Drug Tier                               | Requirements and Limits              |
| <b>Antihistamine Drugs</b>                                |                                         |                                      |
| <b>Antihistamine Drugs</b>                                |                                         |                                      |
| <i>promethazine hcl oral tablet 25 mg</i>                 | T1                                      |                                      |
| <b>Ethanolamine Derivatives</b>                           |                                         |                                      |
| <i>carbinoxamine maleate oral tablet 4 mg</i>             | T1                                      |                                      |
| <i>clemastine fumarate oral tablet 2.68 mg</i>            | T1                                      |                                      |
| <b>First Gen. Antihist. Derivatives, Misc.</b>            |                                         |                                      |
| <i>cyproheptadine hcl oral</i>                            | T1                                      |                                      |
| <b>First Generation Antihistamines</b>                    |                                         |                                      |
| <i>carbinoxamine maleate oral tablet 4 mg</i>             | T1                                      |                                      |
| <i>clemastine fumarate oral tablet 2.68 mg</i>            | T1                                      |                                      |
| <i>cyproheptadine hcl oral</i>                            | T1                                      |                                      |
| <i>hydroxyzine hcl oral syrup</i>                         | T1                                      |                                      |
| <i>hydroxyzine hcl oral tablet</i>                        | T1                                      |                                      |
| <i>hydroxyzine pamoate oral</i>                           | T1                                      |                                      |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>           | T1                                      |                                      |
| <i>promethazine hcl oral solution</i>                     | T1                                      |                                      |
| <i>promethazine hcl oral syrup</i>                        | T1                                      |                                      |
| <i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>        | T1                                      |                                      |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T1                                      |                                      |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG                      | T3                                      |                                      |
| <b>Other Antihistamines</b>                               |                                         |                                      |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>            | T1                                      | 90DS                                 |
| <i>cimetidine oral tablet 200 mg</i>                      | T1                                      |                                      |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>      | T1                                      | 90DS                                 |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                                    |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>hydroxyzine hcl oral syrup</i>                                                                                                  | T1        |                                                                                                                                                                                        |
| <i>hydroxyzine hcl oral tablet</i>                                                                                                 | T1        |                                                                                                                                                                                        |
| <i>hydroxyzine pamoate oral</i>                                                                                                    | T1        |                                                                                                                                                                                        |
| LASTACAF                                                                                                                           | T3        |                                                                                                                                                                                        |
| <i>nizatidine oral capsule</i>                                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>olopatadine hcl nasal</i>                                                                                                       | T1        |                                                                                                                                                                                        |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <b>Phenothiazine Derivatives</b>                                                                                                   |           |                                                                                                                                                                                        |
| <i>promethazine hcl oral</i>                                                                                                       | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>promethazine-phenylephrine</i>                                                                                                  | T1        |                                                                                                                                                                                        |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG                                                                                               | T3        |                                                                                                                                                                                        |
| <b>Propylamine Derivatives</b>                                                                                                     |           |                                                                                                                                                                                        |
| <i>hydrocod poli-chlorphe poli er</i>                                                                                              | T1        | QL (70 ML per 7 days); AL (Min 18 Years)                                                                                                                                               |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE                                                                                       | T3        | QL (140 ML per 7 days); AL (Min 18 Years)                                                                                                                                              |
| <b>Second Generation Antihistamines</b>                                                                                            |           |                                                                                                                                                                                        |
| ALOMIDE                                                                                                                            | T3        |                                                                                                                                                                                        |
| <i>desloratadine oral tablet</i>                                                                                                   | T1        |                                                                                                                                                                                        |
| <i>levocetirizine dihydrochloride oral</i>                                                                                         | T1        |                                                                                                                                                                                        |
| <b>Anti-Infective Agents</b>                                                                                                       |           |                                                                                                                                                                                        |
| <b>1st Generation Cephalosporin Antibiotics</b>                                                                                    |           |                                                                                                                                                                                        |
| <i>cefadroxil</i>                                                                                                                  | T1        |                                                                                                                                                                                        |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                                                                      | T1        |                                                                                                                                                                                        |
| <i>cephalexin oral suspension reconstituted</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <i>cephalexin oral tablet</i>                                                                                                      | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>2Nd Generation Cephalosporin Antibiotics</b>                                                                |           |                                                                                                                                                                                        |
| <i>cefaclor er</i>                                                                                             | T1        |                                                                                                                                                                                        |
| <i>cefaclor oral capsule</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>cefprozil</i>                                                                                               | T1        |                                                                                                                                                                                        |
| <i>cefuroxime axetil oral tablet</i>                                                                           | T1        |                                                                                                                                                                                        |
| <b>3Rd Generation Cephalosporin Antibiotics</b>                                                                |           |                                                                                                                                                                                        |
| <i>cefdinir</i>                                                                                                | T1        |                                                                                                                                                                                        |
| <i>cefixime oral capsule</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>cefpodoxime proxetil</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <b>Adamantane Antivirals</b>                                                                                   |           |                                                                                                                                                                                        |
| <i>amantadine hcl oral capsule</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>amantadine hcl oral solution</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>amantadine hcl oral tablet</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| GOCOVRI                                                                                                        | T3        | PA                                                                                                                                                                                     |
| <b>Allylamine Antifungals</b>                                                                                  |           |                                                                                                                                                                                        |
| <i>terbinafine hcl oral</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <b>Amebicides</b>                                                                                              |           |                                                                                                                                                                                        |
| <i>metronidazole oral</i>                                                                                      | T1        |                                                                                                                                                                                        |
| <i>metronidazole vaginal</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>paromomycin sulfate oral</i>                                                                                | T1        |                                                                                                                                                                                        |
| <b>Aminoglycoside Antibiotics</b>                                                                              |           |                                                                                                                                                                                        |
| <i>neomycin sulfate oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>paromomycin sulfate oral</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                                                  | T4        | PA                                                                                                                                                                                     |
| <b>Aminopenicillin Antibiotics</b>                                                                             |           |                                                                                                                                                                                        |
| <i>amoxicillin oral capsule</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>amoxicillin oral suspension reconstituted</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>amoxicillin oral tablet</i>                                                                                 | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                         | T1        |                                                                                                                                                                                        |
| <i>amoxicillin-pot clavulanate er</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>amoxicillin-pot clavulanate oral</i>                                                                        | T1        |                                                                                                                                                                                        |
| <i>ampicillin oral capsule 500 mg</i>                                                                          | T1        |                                                                                                                                                                                        |
| <b>Anthelmintics</b>                                                                                           |           |                                                                                                                                                                                        |
| <i>albendazole oral</i>                                                                                        | T1        |                                                                                                                                                                                        |
| EMVERM                                                                                                         | T3        |                                                                                                                                                                                        |
| <i>ivermectin oral</i>                                                                                         | T1        | QL (16 EA per 30 days)                                                                                                                                                                 |
| <i>praziquantel oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <b>Antifungals, Miscellaneous</b>                                                                              |           |                                                                                                                                                                                        |
| <i>griseofulvin microsize oral suspension</i>                                                                  | T1        |                                                                                                                                                                                        |
| <b>Antimalarials</b>                                                                                           |           |                                                                                                                                                                                        |
| <i>atovaquone-proguanil hcl</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>chloroquine phosphate oral</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>doxycycline hyclate oral capsule</i>                                                                        | T1        |                                                                                                                                                                                        |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                                                  | T1        |                                                                                                                                                                                        |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                      | T1        |                                                                                                                                                                                        |
| <i>doxycycline monohydrate oral tablet 50 mg</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                           | T1        | 90DS                                                                                                                                                                                   |
| KRINTAFEL                                                                                                      | T3        |                                                                                                                                                                                        |
| <i>mefloquine hcl</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>minocycline hcl oral</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>                                                      | T1        |                                                                                                                                                                                        |
| <i>pyrimethamine oral</i>                                                                                      | T4        | PA                                                                                                                                                                                     |
| <i>quinidine gluconate er</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>quinidine sulfate oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>quinine sulfate oral</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <i>tetracycline hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Antimycobacterials, Miscellaneous</b>                                                                       |           |                                                                                                                                                                                        |
| <i>dapsone oral</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <b>Antiprotozoals, Miscellaneous</b>                                                                           |           |                                                                                                                                                                                        |
| ALINIA                                                                                                         | T3        |                                                                                                                                                                                        |
| <i>atovaquone oral</i>                                                                                         | T1        |                                                                                                                                                                                        |
| <i>dapsone oral</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>metronidazole oral</i>                                                                                      | T1        |                                                                                                                                                                                        |
| <i>pentamidine isethionate inhalation</i>                                                                      | T1        |                                                                                                                                                                                        |
| SOLOSEC                                                                                                        | T3        | ST                                                                                                                                                                                     |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                                             | T1        |                                                                                                                                                                                        |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>tinidazole oral</i>                                                                                         | T1        |                                                                                                                                                                                        |
| <b>Antituberculosis Agents</b>                                                                                 |           |                                                                                                                                                                                        |
| <i>ciprofloxacin hcl oral</i>                                                                                  | T1        |                                                                                                                                                                                        |
| <i>clarithromycin er</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>clarithromycin oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>ethambutol hcl oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>isoniazid oral tablet</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>levofloxacin oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>moxifloxacin hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| PASER                                                                                                          | T3        |                                                                                                                                                                                        |
| <i>pretomanid</i>                                                                                              | T1        | PA                                                                                                                                                                                     |
| PRIFTIN                                                                                                        | T3        |                                                                                                                                                                                        |
| <i>pyrazinamide oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>rifabutin</i>                                                                                               | T1        |                                                                                                                                                                                        |
| <i>rifampin oral</i>                                                                                           | T1        |                                                                                                                                                                                        |
| SIRTURO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| TRECTOR                                                                                                        | T3        |                                                                                                                                                                                        |
| <b>Antivirals, Miscellaneous</b>                                                                               |           |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| PAXLOVID (150/100)                                                                                             | T2        | QL (20 EA per 30 days); AL (Min 12 Years)                                                                                                                                              |
| PAXLOVID (300/100)                                                                                             | T2        | QL (30 EA per 30 days); AL (Min 12 Years)                                                                                                                                              |
| PREVYMIS ORAL                                                                                                  | T3        | QL (100 EA per 100 days)                                                                                                                                                               |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG                                                        | T3        | QL (1 EA per 1 day)                                                                                                                                                                    |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG                                                        | T3        | QL (2 EA per 1 day)                                                                                                                                                                    |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG                                                        | T3        | QL (1 EA per 1 day)                                                                                                                                                                    |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG                                                        | T3        | QL (2 EA per 1 day)                                                                                                                                                                    |
| Azole Antifungals                                                                                              |           |                                                                                                                                                                                        |
| CRESEMBA ORAL CAPSULE 186 MG                                                                                   | T3        | PA                                                                                                                                                                                     |
| <i>fluconazole oral</i>                                                                                        | T1        |                                                                                                                                                                                        |
| <i>itraconazole oral</i>                                                                                       | T1        | PA                                                                                                                                                                                     |
| <i>ketoconazole oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| NOXAFIL ORAL SUSPENSION                                                                                        | T3        | PA                                                                                                                                                                                     |
| <i>posaconazole oral tablet delayed release</i>                                                                | T1        | PA; 90DS                                                                                                                                                                               |
| <i>voriconazole oral suspension reconstituted</i>                                                              | T1        | PA; AL (Max 12 Years)                                                                                                                                                                  |
| <i>voriconazole oral tablet</i>                                                                                | T1        | PA                                                                                                                                                                                     |
| Carbapenem Antibiotics                                                                                         |           |                                                                                                                                                                                        |
| <i>ertapenem sodium</i>                                                                                        | T1        |                                                                                                                                                                                        |
| Erythromycin Antibiotics                                                                                       |           |                                                                                                                                                                                        |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG                                                                         | T1        |                                                                                                                                                                                        |
| <i>erythromycin base oral tablet</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>                                    | T1        |                                                                                                                                                                                        |
| <i>erythromycin ethylsuccinate oral tablet</i>                                                                 | T1        |                                                                                                                                                                                        |
| Glycopeptide Antibiotics                                                                                       |           |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>vancomycin hcl oral capsule</i>                                                                             | T1        |                                                                                                                                                                                        |
| <b>Hcv Polymerase Inhibitor Antivirals</b>                                                                     |           |                                                                                                                                                                                        |
| <i>ledipasvir-sofosbuvir</i>                                                                                   | T4        | PA                                                                                                                                                                                     |
| <i>sofosbuvir-velpatasvir</i>                                                                                  | T4        | PA                                                                                                                                                                                     |
| VOSEVI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <b>Hcv Protease Inhibitor Antivirals</b>                                                                       |           |                                                                                                                                                                                        |
| MAVYRET                                                                                                        | T4        | PA                                                                                                                                                                                     |
| VOSEVI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <b>Hcv Replication Complex Inhibitors</b>                                                                      |           |                                                                                                                                                                                        |
| <i>ledipasvir-sofosbuvir</i>                                                                                   | T4        | PA                                                                                                                                                                                     |
| MAVYRET                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>sofosbuvir-velpatasvir</i>                                                                                  | T4        | PA                                                                                                                                                                                     |
| VOSEVI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <b>Hiv Entry And Fusion Inhibitors</b>                                                                         |           |                                                                                                                                                                                        |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED                                                                     | T2        | QL (60 EA per 30 days)                                                                                                                                                                 |
| <i>maraviroc</i>                                                                                               | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| RUKOBIA                                                                                                        | T3        | QL (60 EA per 30 days)                                                                                                                                                                 |
| SELZENTRY ORAL SOLUTION                                                                                        | T2        | 90DS; QL (900 ML per 30 days)                                                                                                                                                          |
| SELZENTRY ORAL TABLET 25 MG                                                                                    | T2        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| SELZENTRY ORAL TABLET 75 MG                                                                                    | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <b>Hiv Integrase Inhibitor Antiretrovirals</b>                                                                 |           |                                                                                                                                                                                        |
| BIKTARVY                                                                                                       | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| DOVATO                                                                                                         | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| GENVOYA                                                                                                        | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| ISENTRESS HD                                                                                                   | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| ISENTRESS ORAL PACKET                                                                                          | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| ISENTRESS ORAL TABLET                                                                                          | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| ISENTRESS ORAL TABLET CHEWABLE                                                                                 | T2        | 90DS; QL (180 EA per 30 days)                                                                                                                                                          |

|                                                                                 |                                                                                                                                    | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
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| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                 |
| JULUCA                                                                          | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                  |
| STRIBILD                                                                        | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                  |
| TIVICAY ORAL TABLET 10 MG                                                       | T2                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| TIVICAY ORAL TABLET 25 MG                                                       | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| TIVICAY ORAL TABLET 50 MG                                                       | T2                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| TIVICAY PD                                                                      | T2                                                                                                                                 | 90DS; QL (180 EA per 30 days)                                                                                                                                           |
| TRIUMEQ                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| TRIUMEQ PD                                                                      | T2                                                                                                                                 | 90DS; QL (180 EA per 30 days)                                                                                                                                           |
| <i>vocabria</i>                                                                 | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                  |
| <b>Hiv Nonnucleoside Rev.Transcrip. Inhib.</b>                                  |                                                                                                                                    |                                                                                                                                                                         |
| BIKTARVY                                                                        | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| COMPLERA                                                                        | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| DELSTRIGO                                                                       | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| EDURANT                                                                         | T3                                                                                                                                 | QL (60 EA per 30 days)                                                                                                                                                  |
| <i>efavirenz oral capsule 200 mg</i>                                            | T1                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| <i>efavirenz oral capsule 50 mg</i>                                             | T1                                                                                                                                 | 90DS; QL (180 EA per 30 days)                                                                                                                                           |
| <i>efavirenz oral tablet</i>                                                    | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>efavirenz-emtricitab-tenofo df</i>                                           | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>efavirenz-lamivudine-tenofovir</i>                                           | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>etravirine oral tablet 100 mg</i>                                            | T1                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| <i>etravirine oral tablet 200 mg</i>                                            | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| INTELENCE ORAL TABLET 25 MG                                                     | T2                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| JULUCA                                                                          | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                  |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg</i>                | T1                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i>                | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>nevirapine oral suspension</i>                                               | T1                                                                                                                                 | 90DS; QL (1200 ML per 30 days)                                                                                                                                          |
| <i>nevirapine oral tablet</i>                                                   | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| ODEFSEY                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |

|                                                                                  |                                                                                                                                    | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| Drug Name                                                                        | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                                                                  |
| PIFELTRO                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>                                  |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>abacavir sulfate oral solution</i>                                            | T1                                                                                                                                 | 90DS; QL (900 ML per 30 days)                                                                                                                                                                                            |
| <i>abacavir sulfate oral tablet</i>                                              | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                             |
| <i>abacavir sulfate-lamivudine</i>                                               | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>abacavir-lamivudine-zidovudine</i>                                            | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                             |
| BIKTARVY                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| CIMDUO                                                                           | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                                                                   |
| COMPLERA                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| DELSTRIGO                                                                        | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| DESCOVY ORAL TABLET 120-15 MG                                                    | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| DESCOVY ORAL TABLET 200-25 MG                                                    | T2                                                                                                                                 | \$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)                                                                                                                                                     |
| DOVATO                                                                           | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>efavirenz-emtricitab-tenofo df</i>                                            | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>efavirenz-lamivudine-tenofovir</i>                                            | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>emtricitabine</i>                                                             | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>                         | T1                                                                                                                                 | \$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)                                                                                                                                                     |
| EMTRIVA ORAL SOLUTION                                                            | T2                                                                                                                                 | 90DS; QL (720 ML per 30 days)                                                                                                                                                                                            |
| EPIVIR HBV ORAL SOLUTION                                                         | T3                                                                                                                                 |                                                                                                                                                                                                                          |
| GENVOYA                                                                          | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>lamivudine oral solution</i>                                                  | T1                                                                                                                                 | 90DS; QL (900 ML per 30 days)                                                                                                                                                                                            |
| <i>lamivudine oral tablet 100 mg, 300 mg</i>                                     | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>lamivudine oral tablet 150 mg</i>                                             | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                             |

|                                                                                 |                                                                                                                                    | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs | <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |                                                                                                                                                                         |
| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                 |
| <i>lamivudine-zidovudine</i>                                                    | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| ODEFSEY                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>stavudine oral capsule</i>                                                   | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| STRIBILD                                                                        | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                  |
| SYMTUZA                                                                         | T3                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                  |
| <i>tenofovir disoproxil fumarate</i>                                            | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| TRIUMEQ                                                                         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| TRIUMEQ PD                                                                      | T2                                                                                                                                 | 90DS; QL (180 EA per 30 days)                                                                                                                                           |
| VIREAD ORAL POWDER                                                              | T2                                                                                                                                 | 90DS; QL (225 GM per 30 days)                                                                                                                                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                       | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>zidovudine oral capsule</i>                                                  | T1                                                                                                                                 | 90DS; QL (180 EA per 30 days)                                                                                                                                           |
| <i>zidovudine oral syrup</i>                                                    | T1                                                                                                                                 | 90DS; QL (1800 ML per 30 days)                                                                                                                                          |
| <i>zidovudine oral tablet</i>                                                   | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| <b>Hiv Protease Inhibitor Antiretrovirals</b>                                   |                                                                                                                                    |                                                                                                                                                                         |
| APTIVUS ORAL CAPSULE                                                            | T2                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| APTIVUS ORAL SOLUTION                                                           | T2                                                                                                                                 | 90DS; QL (300 ML per 30 days)                                                                                                                                           |
| <i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>                           | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>atazanavir sulfate oral capsule 200 mg</i>                                   | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| CRIXIVAN ORAL CAPSULE 400 MG                                                    | T2                                                                                                                                 | 90DS; QL (180 EA per 30 days)                                                                                                                                           |
| <i>darunavir oral tablet 600 mg</i>                                             | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| <i>darunavir oral tablet 800 mg</i>                                             | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| EVOTAZ                                                                          | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| <i>fosamprenavir calcium</i>                                                    | T1                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| INVIRASE ORAL TABLET                                                            | T2                                                                                                                                 | 90DS; QL (120 EA per 30 days)                                                                                                                                           |
| LEXIVA ORAL SUSPENSION                                                          | T2                                                                                                                                 | 90DS; QL (840 ML per 30 days)                                                                                                                                           |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>lopinavir-ritonavir oral solution</i>                                                                       | T1        | 90DS; QL (300 ML per 30 days)                                                                                                                                                          |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                                                               | T1        | 90DS; QL (300 EA per 30 days)                                                                                                                                                          |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                                                               | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| NORVIR ORAL PACKET                                                                                             | T3        | QL (360 EA per 30 days)                                                                                                                                                                |
| NORVIR ORAL SOLUTION                                                                                           | T2        | 90DS; QL (450 ML per 30 days)                                                                                                                                                          |
| PREZCOBIX                                                                                                      | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| PREZISTA ORAL SUSPENSION                                                                                       | T2        | 90DS; QL (360 ML per 30 days)                                                                                                                                                          |
| PREZISTA ORAL TABLET 150 MG                                                                                    | T2        | 90DS; QL (180 EA per 30 days)                                                                                                                                                          |
| PREZISTA ORAL TABLET 75 MG                                                                                     | T2        | 90DS; QL (300 EA per 30 days)                                                                                                                                                          |
| REYATAZ ORAL PACKET                                                                                            | T2        | 90DS; QL (150 EA per 30 days)                                                                                                                                                          |
| <i>ritonavir</i>                                                                                               | T1        | 90DS; QL (360 EA per 30 days)                                                                                                                                                          |
| SYMTUZA                                                                                                        | T3        | QL (30 EA per 30 days)                                                                                                                                                                 |
| VIRACEPT ORAL TABLET 250 MG                                                                                    | T2        | 90DS; QL (300 EA per 30 days)                                                                                                                                                          |
| VIRACEPT ORAL TABLET 625 MG                                                                                    | T2        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| Interferon Antivirals                                                                                          |           |                                                                                                                                                                                        |
| INTRON A                                                                                                       | T4        |                                                                                                                                                                                        |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                                                       | T4        | PA                                                                                                                                                                                     |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                | T4        | PA                                                                                                                                                                                     |
| Lincomycin Antibiotics                                                                                         |           |                                                                                                                                                                                        |
| <i>clindamycin hcl oral</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <i>clindamycin palmitate hcl</i>                                                                               | T1        |                                                                                                                                                                                        |
| Monobactam Antibiotics                                                                                         |           |                                                                                                                                                                                        |
| CAYSTON                                                                                                        | T4        | PA                                                                                                                                                                                     |
| Natural Penicillin Antibiotics                                                                                 |           |                                                                                                                                                                                        |
| <i>penicillin v potassium oral solution reconstituted</i>                                                      | T1        | AL (Max 12 Years)                                                                                                                                                                      |
| <i>penicillin v potassium oral tablet</i>                                                                      | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Neuraminidase Inhibitor Antivirals</b>                                                                      |           |                                                                                                                                                                                        |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                                                                | T1        | QL (84 EA per 180 days)                                                                                                                                                                |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>                                                         | T1        | QL (42 EA per 180 days)                                                                                                                                                                |
| <i>oseltamivir phosphate oral suspension reconstituted</i>                                                     | T1        | QL (540 ML per 180 days)                                                                                                                                                               |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT                                          | T3        | QL (60 EA per 180 days)                                                                                                                                                                |
| <b>Nucleoside And Nucleotide Antivirals</b>                                                                    |           |                                                                                                                                                                                        |
| <i>acyclovir oral</i>                                                                                          | T1        |                                                                                                                                                                                        |
| <i>adefovir dipivoxil</i>                                                                                      | T4        |                                                                                                                                                                                        |
| BARACLUDE ORAL SOLUTION                                                                                        | T3        |                                                                                                                                                                                        |
| <i>entecavir</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>famciclovir oral</i>                                                                                        | T1        |                                                                                                                                                                                        |
| LAGEVRIO                                                                                                       | T2        | QL (40 EA per 30 days); AL (Min 18 Years)                                                                                                                                              |
| <i>ribavirin oral capsule</i>                                                                                  | T1        |                                                                                                                                                                                        |
| <i>ribavirin oral tablet 200 mg</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>valacyclovir hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>valganciclovir hcl oral solution reconstituted</i>                                                          | T1        | 90DS; AL (Max 12 Years)                                                                                                                                                                |
| <i>valganciclovir hcl oral tablet</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| VEMLIDY                                                                                                        | T3        | QL (30 EA per 30 days)                                                                                                                                                                 |
| <b>Other Macrolide Antibiotics</b>                                                                             |           |                                                                                                                                                                                        |
| <i>azithromycin oral packet</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>azithromycin oral suspension reconstituted</i>                                                              | T1        |                                                                                                                                                                                        |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                                                         | T1        |                                                                                                                                                                                        |
| <i>clarithromycin er</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>clarithromycin oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| DIFICID ORAL TABLET                                                                                            | T3        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Oxazolidinone Antibiotics</b>                                                                               |           |                                                                                                                                                                                        |
| <i>linezolid oral suspension reconstituted</i>                                                                 | T1        | AL (Max 12 Years)                                                                                                                                                                      |
| <i>linezolid oral tablet</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <b>Penicillinase-Resistant Penicillins</b>                                                                     |           |                                                                                                                                                                                        |
| <i>dicloxacillin sodium</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <b>Polyene Antifungals</b>                                                                                     |           |                                                                                                                                                                                        |
| <i>nystatin mouth/throat</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>nystatin oral tablet</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <b>Pyrimidine Antifungals</b>                                                                                  |           |                                                                                                                                                                                        |
| <i>flucytosine oral</i>                                                                                        | T1        | PA                                                                                                                                                                                     |
| <b>Quinolone Antibiotics</b>                                                                                   |           |                                                                                                                                                                                        |
| BAXDELA ORAL                                                                                                   | T3        |                                                                                                                                                                                        |
| <i>ciprofloxacin hcl oral</i>                                                                                  | T1        |                                                                                                                                                                                        |
| <i>levofloxacin oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>moxifloxacin hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                                    | T1        |                                                                                                                                                                                        |
| <b>Rifamycin Antibiotics</b>                                                                                   |           |                                                                                                                                                                                        |
| PRIFTIN                                                                                                        | T3        |                                                                                                                                                                                        |
| <i>rifabutin</i>                                                                                               | T1        |                                                                                                                                                                                        |
| <i>rifampin oral</i>                                                                                           | T1        |                                                                                                                                                                                        |
| XIFAXAN                                                                                                        | T3        | PA                                                                                                                                                                                     |
| <b>Sulfonamide Antibiotics (Systemic)</b>                                                                      |           |                                                                                                                                                                                        |
| <i>sulfadiazine oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                                             | T1        |                                                                                                                                                                                        |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>sulfasalazine oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <b>Tetracycline Antibiotics</b>                                                                                |           |                                                                                                                                                                                        |
| <i>demeclocycline hcl oral</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>doxycycline hyclate oral capsule</i>                                                                        | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                           | T1        |                                                                                                                                                                                        |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                      | T1        |                                                                                                                                                                                        |
| <i>doxycycline monohydrate oral tablet 50 mg</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>minocycline hcl oral</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <i>tetracycline hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| Urinary Anti-Infectives                                                                                        |           |                                                                                                                                                                                        |
| <i>methenamine hippurate</i>                                                                                   | T1        |                                                                                                                                                                                        |
| MONUROL                                                                                                        | T3        | QL (1 EA per 1 day)                                                                                                                                                                    |
| <i>nitrofurantoin macrocrystal oral</i>                                                                        | T1        |                                                                                                                                                                                        |
| <i>nitrofurantoin monohyd macro</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                                             | T1        |                                                                                                                                                                                        |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>trimethoprim oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| Antineoplastic Agents                                                                                          |           |                                                                                                                                                                                        |
| Antineoplastic Agents                                                                                          |           |                                                                                                                                                                                        |
| <i>abiraterone acetate oral tablet 250 mg</i>                                                                  | T4        | PA                                                                                                                                                                                     |
| <i>abiraterone acetate oral tablet 500 mg</i>                                                                  | T4        |                                                                                                                                                                                        |
| ALECENSA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| ALUNBRIG                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>anastrozole oral</i>                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| AYVAKIT                                                                                                        | T4        | PA                                                                                                                                                                                     |
| BALVERSA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>bexarotene oral</i>                                                                                         | T4        | PA                                                                                                                                                                                     |
| <i>bicalutamide</i>                                                                                            | T1        |                                                                                                                                                                                        |
| BOSULIF                                                                                                        | T4        | PA                                                                                                                                                                                     |
| BRAFTOVI ORAL CAPSULE 75 MG                                                                                    | T4        | PA                                                                                                                                                                                     |
| BRUKINSA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| CABOMETYX                                                                                                      | T4        | PA                                                                                                                                                                                     |

|                                                                          |                                                                                    | Requirements and Limits                                                                                     |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| lowercase <i>italics</i> = Generic drugs<br>UPPERCASE = Brand name drugs | Drug Tier                                                                          | 90DS = 90 Day Supply Eligible                                                                               |
|                                                                          | T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty | AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
| Drug Name                                                                | Drug Tier                                                                          | Requirements and Limits                                                                                     |
| CALQUENCE                                                                | T4                                                                                 | PA                                                                                                          |
| <i>capecitabine</i>                                                      | T1                                                                                 |                                                                                                             |
| CAPRELSA                                                                 | T4                                                                                 | PA                                                                                                          |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG                         | T4                                                                                 | PA                                                                                                          |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG                  | T4                                                                                 | PA                                                                                                          |
| COMETRIQ (60 MG DAILY DOSE)                                              | T4                                                                                 | PA                                                                                                          |
| COPIKTRA                                                                 | T4                                                                                 | PA                                                                                                          |
| COTELLIC                                                                 | T4                                                                                 | PA                                                                                                          |
| <i>cyclophosphamide oral capsule</i>                                     | T1                                                                                 |                                                                                                             |
| DAURISMO                                                                 | T4                                                                                 | PA                                                                                                          |
| DROXIA                                                                   | T3                                                                                 |                                                                                                             |
| ELIGARD                                                                  | T4                                                                                 | PA                                                                                                          |
| EMCYT                                                                    | T4                                                                                 |                                                                                                             |
| ERIVEDGE                                                                 | T4                                                                                 | PA                                                                                                          |
| ERLEADA                                                                  | T4                                                                                 | PA                                                                                                          |
| <i>erlotinib hcl</i>                                                     | T4                                                                                 | PA                                                                                                          |
| <i>etoposide oral</i>                                                    | T4                                                                                 |                                                                                                             |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>                | T4                                                                                 | PA                                                                                                          |
| <i>everolimus oral tablet soluble</i>                                    | T4                                                                                 | PA                                                                                                          |
| <i>exemestane</i>                                                        | T1                                                                                 | ACA Preventative Medication-\$0 Copay; 90DS                                                                 |
| EXKIVITY                                                                 | T4                                                                                 | PA                                                                                                          |
| FARYDAK                                                                  | T4                                                                                 | PA                                                                                                          |
| <i>flutamide</i>                                                         | T1                                                                                 |                                                                                                             |
| FOTIVDA                                                                  | T4                                                                                 | PA                                                                                                          |
| GAVRETO                                                                  | T4                                                                                 | PA                                                                                                          |
| <i>gefitinib</i>                                                         | T4                                                                                 | PA                                                                                                          |
| GILOTRIF                                                                 | T4                                                                                 | PA                                                                                                          |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                                                                    | T4        | PA                                                                                                                                                                                     |
| HYCAMTIN ORAL                                                                                                  | T4        |                                                                                                                                                                                        |
| <i>hydroxyurea oral</i>                                                                                        | T1        |                                                                                                                                                                                        |
| IBRANCE                                                                                                        | T4        | PA                                                                                                                                                                                     |
| ICLUSIG                                                                                                        | T4        | PA                                                                                                                                                                                     |
| IDHIFA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <i>imatinib mesylate</i>                                                                                       | T1        | PA                                                                                                                                                                                     |
| IMBRUVICA                                                                                                      | T4        | PA                                                                                                                                                                                     |
| INLYTA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| INQOVI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| INREBIC                                                                                                        | T4        | PA                                                                                                                                                                                     |
| INTRON A                                                                                                       | T4        |                                                                                                                                                                                        |
| JAKAFI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| JAYPIRCA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| KISQALI (200 MG DOSE)                                                                                          | T4        | PA                                                                                                                                                                                     |
| KISQALI (400 MG DOSE)                                                                                          | T4        | PA                                                                                                                                                                                     |
| KISQALI (600 MG DOSE)                                                                                          | T4        | PA                                                                                                                                                                                     |
| KISQALI FEMARA (200 MG DOSE)                                                                                   | T4        | PA                                                                                                                                                                                     |
| KISQALI FEMARA (400 MG DOSE)                                                                                   | T4        | PA                                                                                                                                                                                     |
| KISQALI FEMARA (600 MG DOSE)                                                                                   | T4        | PA                                                                                                                                                                                     |
| KOSELUGO                                                                                                       | T4        | PA                                                                                                                                                                                     |
| KRAZATI                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>lapatinib ditosylate</i>                                                                                    | T4        | PA                                                                                                                                                                                     |
| <i>lenalidomide</i>                                                                                            | T4        | PA                                                                                                                                                                                     |
| LENVIMA (10 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| LENVIMA (12 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| LENVIMA (14 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| LENVIMA (18 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| LENVIMA (20 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| LENVIMA (24 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |

|                                                                                 |                                 | Requirements and Limits                     |
|---------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs | <b>Drug Tier</b>                | <b>90DS</b> = 90 Day Supply Eligible        |
|                                                                                 | <b>T1</b> = Generic             | <b>AL</b> = Age Limit                       |
|                                                                                 | <b>T2</b> = Preferred Brand     | <b>PA</b> = Prior Authorization             |
|                                                                                 | <b>T3</b> = Non-Preferred Brand | <b>QL</b> = Quantity Limit                  |
|                                                                                 | <b>T4</b> = Specialty           | <b>ST</b> = Step Therapy                    |
| <b>Drug Name</b>                                                                | <b>Drug Tier</b>                | <b>Requirements and Limits</b>              |
| LENVIMA (4 MG DAILY DOSE)                                                       | T4                              | PA                                          |
| LENVIMA (8 MG DAILY DOSE)                                                       | T4                              | PA                                          |
| <i>letrozole oral</i>                                                           | T1                              | ACA Preventative Medication-\$0 Copay; 90DS |
| LEUKERAN                                                                        | T4                              |                                             |
| <i>leuprolide acetate (3 month)</i>                                             | T4                              | PA                                          |
| <i>leuprolide acetate injection</i>                                             | T4                              |                                             |
| LONSURF                                                                         | T4                              | PA                                          |
| LORBRENA                                                                        | T4                              | PA                                          |
| LUMAKRAS                                                                        | T4                              | PA                                          |
| LUPRON DEPOT (1-MONTH)                                                          | T4                              | PA                                          |
| LUPRON DEPOT (3-MONTH)                                                          | T4                              | PA                                          |
| LUPRON DEPOT (4-MONTH)                                                          | T4                              | PA                                          |
| LUPRON DEPOT (6-MONTH)                                                          | T4                              | PA                                          |
| LYNPARZA ORAL TABLET                                                            | T4                              | PA                                          |
| LYSODREN                                                                        | T4                              |                                             |
| LYTGOBI (12 MG DAILY DOSE)                                                      | T4                              | PA                                          |
| LYTGOBI (16 MG DAILY DOSE)                                                      | T4                              | PA                                          |
| LYTGOBI (20 MG DAILY DOSE)                                                      | T4                              | PA                                          |
| MATULANE                                                                        | T4                              |                                             |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>                  | T1                              |                                             |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                             | T1                              | 90DS                                        |
| <i>megestrol acetate oral tablet</i>                                            | T1                              |                                             |
| MEKINIST                                                                        | T4                              | PA                                          |
| MEKTOVI                                                                         | T4                              | PA                                          |
| <i>mercaptopurine oral</i>                                                      | T1                              |                                             |
| <i>methotrexate oral</i>                                                        | T1                              |                                             |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>                    | T1                              |                                             |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                                           | T1        |                                                                                                                                                                                        |
| <i>methotrexate sodium oral</i>                                                                                | T1        |                                                                                                                                                                                        |
| NERLYNX                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>nilutamide</i>                                                                                              | T4        |                                                                                                                                                                                        |
| NINLARO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| NUBEQA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| ODOMZO                                                                                                         | T4        | PA                                                                                                                                                                                     |
| ONUREG                                                                                                         | T4        | PA                                                                                                                                                                                     |
| ORSERDU                                                                                                        | T4        | PA                                                                                                                                                                                     |
| PEMAZYRE                                                                                                       | T4        | PA                                                                                                                                                                                     |
| PIQRAY (200 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| PIQRAY (250 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| PIQRAY (300 MG DAILY DOSE)                                                                                     | T4        | PA                                                                                                                                                                                     |
| POMALYST                                                                                                       | T4        | PA                                                                                                                                                                                     |
| PURIXAN                                                                                                        | T4        |                                                                                                                                                                                        |
| QINLOCK                                                                                                        | T4        | PA                                                                                                                                                                                     |
| RETEVMO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| REVLIMID                                                                                                       | T4        | PA                                                                                                                                                                                     |
| REZLIDHIA                                                                                                      | T4        | PA                                                                                                                                                                                     |
| ROZLYTREK                                                                                                      | T4        | PA                                                                                                                                                                                     |
| RUBRACA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| RYDAPT                                                                                                         | T4        | PA                                                                                                                                                                                     |
| SCEMBLIX                                                                                                       | T4        | PA                                                                                                                                                                                     |
| SOLTAMOX                                                                                                       | T4        |                                                                                                                                                                                        |
| <i>sorafenib tosylate</i>                                                                                      | T4        | PA                                                                                                                                                                                     |
| SPRYCEL                                                                                                        | T4        | PA                                                                                                                                                                                     |
| STIVARGA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>sunitinib malate</i>                                                                                        | T4        | PA                                                                                                                                                                                     |
| SYNRIBO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| TABLOID                                                                                                        | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| TABRECTA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TAFINLAR                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TAGRISSO                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TALZENNA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>tamoxifen citrate oral</i>                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| TASIGNA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| TAZVERIK                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TECVAYLI                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TEPMETKO                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TIBSOVO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>toremifene citrate</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| TRELSTAR MIXJECT                                                                                               | T4        | PA                                                                                                                                                                                     |
| <i>tretinoin oral</i>                                                                                          | T4        |                                                                                                                                                                                        |
| TRUSELTIQ (100MG DAILY DOSE)                                                                                   | T4        | PA                                                                                                                                                                                     |
| TRUSELTIQ (125MG DAILY DOSE)                                                                                   | T4        | PA                                                                                                                                                                                     |
| TRUSELTIQ (50MG DAILY DOSE)                                                                                    | T4        | PA                                                                                                                                                                                     |
| TRUSELTIQ (75MG DAILY DOSE)                                                                                    | T4        | PA                                                                                                                                                                                     |
| TUKYSA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| TURALIO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| VENCLEXTA                                                                                                      | T4        | PA                                                                                                                                                                                     |
| VENCLEXTA STARTING PACK                                                                                        | T4        | PA                                                                                                                                                                                     |
| VERZENIO                                                                                                       | T4        | PA                                                                                                                                                                                     |
| VITRAKVI                                                                                                       | T4        | PA                                                                                                                                                                                     |
| VIZIMPRO                                                                                                       | T4        | PA                                                                                                                                                                                     |
| VOTRIENT                                                                                                       | T4        | PA                                                                                                                                                                                     |
| WELIREG                                                                                                        | T4        | PA                                                                                                                                                                                     |
| XALKORI                                                                                                        | T4        | PA                                                                                                                                                                                     |
| XATMEP                                                                                                         | T3        | PA                                                                                                                                                                                     |
| XOSPATA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| XPOVIO (100 MG ONCE WEEKLY)                                                                                    | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| XPOVIO (40 MG ONCE WEEKLY)                                                                                     | T4        | PA                                                                                                                                                                                     |
| XPOVIO (40 MG TWICE WEEKLY)                                                                                    | T4        | PA                                                                                                                                                                                     |
| XPOVIO (60 MG ONCE WEEKLY)                                                                                     | T4        | PA                                                                                                                                                                                     |
| XPOVIO (60 MG TWICE WEEKLY)                                                                                    | T4        | PA                                                                                                                                                                                     |
| XPOVIO (80 MG ONCE WEEKLY)                                                                                     | T4        | PA                                                                                                                                                                                     |
| XPOVIO (80 MG TWICE WEEKLY)                                                                                    | T4        | PA                                                                                                                                                                                     |
| XTANDI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| YONSA                                                                                                          | T4        | PA                                                                                                                                                                                     |
| ZEJULA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| ZELBORAF                                                                                                       | T4        | PA                                                                                                                                                                                     |
| ZOLINZA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| ZYDELIG                                                                                                        | T4        | PA                                                                                                                                                                                     |
| ZYKADIA ORAL TABLET                                                                                            | T4        | PA                                                                                                                                                                                     |
| Antitoxins, Immune Glob, Toxoids, Vaccines                                                                     |           |                                                                                                                                                                                        |
| Antitoxins And Immune Globulins                                                                                |           |                                                                                                                                                                                        |
| ASCENIV                                                                                                        | T4        | PA                                                                                                                                                                                     |
| BIVIGAM                                                                                                        | T4        | PA                                                                                                                                                                                     |
| CUTAQUIG                                                                                                       | T4        | PA                                                                                                                                                                                     |
| CUVITRU                                                                                                        | T4        | PA                                                                                                                                                                                     |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML                                                                  | T4        | PA                                                                                                                                                                                     |
| GAMASTAN                                                                                                       | T4        | PA                                                                                                                                                                                     |
| GAMMAGARD                                                                                                      | T4        | PA                                                                                                                                                                                     |
| GAMMAGARD S/D LESS IGA                                                                                         | T4        | PA                                                                                                                                                                                     |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML                                                                          | T4        | PA                                                                                                                                                                                     |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML                                | T4        | PA                                                                                                                                                                                     |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML                                                                         | T4        | PA                                                                                                                                                                                     |

|                                                                                                                                           |           | Requirements and Limits                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                                           |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                                                 |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                            |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                 | Drug Tier | Requirements and Limits                                                                                                                                                                |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML                                                                 | T4        | PA                                                                                                                                                                                     |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                          | T4        | PA                                                                                                                                                                                     |
| HYQVIA                                                                                                                                    | T4        | PA                                                                                                                                                                                     |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML | T4        | PA                                                                                                                                                                                     |
| PANZYGA                                                                                                                                   | T4        | PA                                                                                                                                                                                     |
| PRIVIGEN                                                                                                                                  | T4        | PA                                                                                                                                                                                     |
| XEMBIFY                                                                                                                                   | T4        | PA                                                                                                                                                                                     |
| Toxoids                                                                                                                                   |           |                                                                                                                                                                                        |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5                                                                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5                                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                                                                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5                                                                                                 | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| INFANRIX                                                                                                                                  | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| TDVAX                                                                                                                                     | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU                                                                                                  | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>tetanus-diphtheria toxoids td</i>                                                                                                      | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| Vaccines                                                                                                                                  |           |                                                                                                                                                                                        |
| ABRYSVO                                                                                                                                   | T2        | QL (1 dose per 2 years)                                                                                                                                                                |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5                                                                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION                                   | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML          | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| AREXVY                                                                          | T2        | QL (1 Dose per 2 years)                                                                                                            |                                                                                                                                                                                                                          |
| BEXSERO                                                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                             | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| COMIRNATY                                                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| ENGRIX-B INJECTION SUSPENSION 20 MCG/ML                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE                                 | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| FLUAD QUADRIVALENT                                                              | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                 | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUBLOK QUADRIVALENT                                                            | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUCELVAX QUADRIVALENT                                                          | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUMIST QUADRIVALENT                                                            | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUZONE HIGH-DOSE QUADRIVALENT                                                  | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION                                   | T2        | \$0 Copay                                                                                                                          |                                                                                                                                                                                                                          |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML                            | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> |           | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                                                                                                                                                                     | T2        | \$0 Copay                                                                                                                                                                                                                                   |
| GARDASIL 9                                                                                                                                                                                                                                 | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML                                                                                                                                                                               | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE                                                                                                                                                                                        | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| INFANRIX                                                                                                                                                                                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MENACTRA INTRAMUSCULAR SOLUTION                                                                                                                                                                                                            | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MENQUADFI INTRAMUSCULAR SOLUTION                                                                                                                                                                                                           | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MENVEO                                                                                                                                                                                                                                     | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| M-M-R II INJECTION                                                                                                                                                                                                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MODERNA COVID-19 VAC 6M-11Y                                                                                                                                                                                                                | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>novavax covid-19 vaccine</i>                                                                                                                                                                                                            | T2        |                                                                                                                                                                                                                                             |
| PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML                                                                                                                                                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>                                                                                                                                                                 | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| PNEUMOVAX 23                                                                                                                                                                                                                               | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>prehevbrio</i>                                                                                                                                                                                                                          | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| PREVNAR 13                                                                                                                                                                                                                                 | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| PREVNAR 20                                                                                                                                                                                                                                 | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |

|                                                                      |                          | Requirements and Limits               |
|----------------------------------------------------------------------|--------------------------|---------------------------------------|
| lowercase <i>italics</i> = Generic drugs                             | Drug Tier                | 90DS = 90 Day Supply Eligible         |
| UPPERCASE = Brand name drugs                                         | T1 = Generic             | AL = Age Limit                        |
|                                                                      | T2 = Preferred Brand     | PA = Prior Authorization              |
|                                                                      | T3 = Non-Preferred Brand | QL = Quantity Limit                   |
|                                                                      | T4 = Specialty           | ST = Step Therapy                     |
|                                                                      |                          | ST = Step Therapy                     |
| Drug Name                                                            | Drug Tier                | Requirements and Limits               |
| PRIORIX                                                              | T2                       | ACA Preventative Medication-\$0 Copay |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED                        | T2                       | ACA Preventative Medication-\$0 Copay |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | T2                       | ACA Preventative Medication-\$0 Copay |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE                 | T2                       | ACA Preventative Medication-\$0 Copay |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML         | T2                       | ACA Preventative Medication-\$0 Copay |
| SPIKEVAX                                                             | T2                       | ACA Preventative Medication-\$0 Copay |
| TRUMENBA                                                             | T2                       | ACA Preventative Medication-\$0 Copay |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                   | T2                       | ACA Preventative Medication-\$0 Copay |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML             | T2                       | ACA Preventative Medication-\$0 Copay |
| VARIVAX                                                              | T2                       | ACA Preventative Medication-\$0 Copay |
| VAXNEUVANCE                                                          | T2                       | ACA Preventative Medication-\$0 Copay |
| Autonomic Drugs                                                      |                          |                                       |
| Alpha- And Beta-Adrenergic Agonists                                  |                          |                                       |
| <i>epinephrine injection solution auto-injector</i>                  | T1                       | QL (2 EA per 30 days)                 |
| Alpha-Adrenergic Agonists                                            |                          |                                       |
| <i>clonidine</i>                                                     | T1                       | 90DS                                  |
| <i>clonidine hcl er oral tablet extended release 12 hour</i>         | T1                       | 90DS; QL (120 EA per 30 days)         |
| <i>clonidine hcl oral</i>                                            | T1                       | 90DS                                  |
| LUCEMYRA                                                             | T4                       |                                       |

|                                                                                 |                                                                                                                                    | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs | <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |                                                                                                                                                                         |
| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                 |
| <i>methyldopa oral</i>                                                          | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>midodrine hcl</i>                                                            | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>promethazine-phenylephrine</i>                                               | T1                                                                                                                                 |                                                                                                                                                                         |
| <b>Antimuscarinics/Antispasmodics</b>                                           |                                                                                                                                    |                                                                                                                                                                         |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT        | T3                                                                                                                                 | ST                                                                                                                                                                      |
| ATROVENT HFA                                                                    | T3                                                                                                                                 |                                                                                                                                                                         |
| BEVESPI AEROSPHERE                                                              | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| BREZTRI AEROSPHERE                                                              | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| COMBIVENT RESPIMAT                                                              | T3                                                                                                                                 |                                                                                                                                                                         |
| <i>dicyclomine hcl oral</i>                                                     | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>diphenoxylate-atropine oral liquid</i>                                       | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                          | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                    | T1                                                                                                                                 |                                                                                                                                                                         |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT         | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>ipratropium bromide inhalation</i>                                           | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>ipratropium bromide nasal</i>                                                | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>ipratropium-albuterol</i>                                                    | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>methscopolamine bromide oral</i>                                             | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>scopolamine</i>                                                              | T1                                                                                                                                 | QL (10 EA per 30 days)                                                                                                                                                  |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT          | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT                    | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>tiotropium bromide monohydrate</i>                                           | T1                                                                                                                                 |                                                                                                                                                                         |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT  | T3                                                                                                                                 | ST                                                                                                                                                                      |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT                                 | T3        |                                                                                                                                                                                        |
| <b>Antiparkinsonian Agents</b>                                                                                 |           |                                                                                                                                                                                        |
| <i>benztropine mesylate oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>trihexyphenidyl hcl</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <b>Autonomic Drugs, Miscellaneous</b>                                                                          |           |                                                                                                                                                                                        |
| <i>cvs nicotine mouth/throat lozenge</i>                                                                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>cvs nicotine polacrilex</i>                                                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>cvs nicotine transdermal</i>                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>eq nicotine mouth/throat lozenge</i>                                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>eq nicotine polacrilex</i>                                                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>eq nicotine step 3</i>                                                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>eq nicotine polacrilex mouth/throat lozenge</i>                                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg</i>                                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>gnp nicotine polacrilex</i>                                                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>goodsense nicotine</i>                                                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>hm nicotine</i>                                                                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>hm nicotine polacrilex</i>                                                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> |           | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| KLS QUIT2                                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| KLS QUIT4                                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NICORELIEF MOUTH/THROAT GUM 2 MG                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>nicotine</i>                                                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>nicotine mini</i>                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>nicotine polacrilex mouth/throat</i>                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>nicotine step 1</i>                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>nicotine step 2</i>                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>nicotine step 3</i>                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NICOTROL                                                                                                                                                                                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NICOTROL NS                                                                                                                                                                                                                                | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>px stop smoking aid mouth/throat lozenge</i>                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ra mini nicotine</i>                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>                                                                                                                                                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ra nicotine mouth/throat</i>                                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ra nicotine polacrilex mouth/throat lozenge</i>                                                                                                                                                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ra nicotine transdermal patch 24 hour 21 mg/24hr</i>                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |

|                                                                                 |                                                                                                                                    | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs | <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |                                                                                                                                                                                                                          |
| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                                                                  |
| <i>sm nicotine mouth/throat</i>                                                 | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>                         | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm nicotine transdermal patch 24 hour 7 mg/24hr</i>                          | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>varenicline tartrate (starter)</i>                                           | T1                                                                                                                                 | QL (53 EA per 28 days)                                                                                                                                                                                                   |
| <i>varenicline tartrate oral tablet</i>                                         | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 days)                                                                                                                                                            |
| <i>varenicline tartrate oral tablet therapy pack</i>                            | T1                                                                                                                                 | QL (53 EA per 28 days)                                                                                                                                                                                                   |
| Centrally Acting Skeletal Muscle Relaxant                                       |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>carisoprodol oral</i>                                                        | T1                                                                                                                                 | ST; QL (63 EA per 21 days)                                                                                                                                                                                               |
| <i>carisoprodol-aspirin-codeine</i>                                             | T1                                                                                                                                 | ST; QL (168 EA per 21 days); AL (Min 18 Years)                                                                                                                                                                           |
| <i>chlorzoxazone oral tablet 500 mg</i>                                         | T1                                                                                                                                 | QL (120 EA per 30 days)                                                                                                                                                                                                  |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                              | T1                                                                                                                                 | QL (90 EA per 30 days)                                                                                                                                                                                                   |
| <i>metaxalone oral tablet 800 mg</i>                                            | T1                                                                                                                                 | QL (120 EA per 30 days)                                                                                                                                                                                                  |
| <i>methocarbamol oral tablet 500 mg</i>                                         | T1                                                                                                                                 | QL (480 EA per 30 days)                                                                                                                                                                                                  |
| <i>methocarbamol oral tablet 750 mg</i>                                         | T1                                                                                                                                 | QL (300 EA per 30 days)                                                                                                                                                                                                  |
| <i>tizanidine hcl oral tablet 2 mg</i>                                          | T1                                                                                                                                 | QL (120 EA per 30 days)                                                                                                                                                                                                  |
| <i>tizanidine hcl oral tablet 4 mg</i>                                          | T1                                                                                                                                 | QL (240 EA per 30 days)                                                                                                                                                                                                  |
| Direct-Acting Skeletal Muscle Relaxants                                         |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>dantrolene sodium oral capsule 100 mg</i>                                    | T1                                                                                                                                 | QL (120 EA per 30 days)                                                                                                                                                                                                  |
| <i>dantrolene sodium oral capsule 25 mg, 50 mg</i>                              | T1                                                                                                                                 | QL (90 EA per 30 days)                                                                                                                                                                                                   |
| Gaba-Derivative Skeletal Muscle Relaxant                                        |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                        | T1                                                                                                                                 | QL (120 EA per 30 days)                                                                                                                                                                                                  |
| Non-Sel. Beta-Adrenergic Blocking Agents                                        |                                                                                                                                    |                                                                                                                                                                                                                          |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>carvedilol</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>labetalol hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>nebivolol hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>pindolol</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl er</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl (af)</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>timolol maleate oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Non-Sel.Alpha-1-Adrenergic Blocking Agts</b>                                                                |           |                                                                                                                                                                                        |
| <i>doxazosin mesylate oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>prazosin hcl oral</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>terazosin hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <b>Non-Sel.Alpha-Adrenergic Blocking Agents</b>                                                                |           |                                                                                                                                                                                        |
| <i>dihydroergotamine mesylate nasal</i>                                                                        | T1        | QL (8 ML per 30 days)                                                                                                                                                                  |
| <i>ergoloid mesylates oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>ergotamine-caffeine</i>                                                                                     | T1        | QL (40 EA per 30 days)                                                                                                                                                                 |
| <i>phenoxybenzamine hcl oral</i>                                                                               | T4        |                                                                                                                                                                                        |
| <b>Parasympathomimetic (Cholinergic Agents)</b>                                                                |           |                                                                                                                                                                                        |
| <i>bethanechol chloride oral</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>cevimeline hcl</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>donepezil hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>galantamine hydrobromide er</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>galantamine hydrobromide oral tablet</i>                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>pilocarpine hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>pyridostigmine bromide er</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                                                | T1        |                                                                                                                                                                                        |

|                                                                                                                                                                        |           | Requirements and Limits                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                                                                        |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                                                                              |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                                                         |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                                              | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>rivastigmine</i>                                                                                                                                                    | T1        | ST; 90DS                                                                                                                                                                               |
| <i>rivastigmine tartrate</i>                                                                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <b>Selective Alpha-1-Adrenergic Block.Agent</b>                                                                                                                        |           |                                                                                                                                                                                        |
| <i>alfuzosin hcl er</i>                                                                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>carvedilol</i>                                                                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>dutasteride-tamsulosin hcl</i>                                                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>labetalol hcl oral</i>                                                                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>silodosin</i>                                                                                                                                                       | T1        | ST; 90DS                                                                                                                                                                               |
| <i>tamsulosin hcl</i>                                                                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <b>Selective Beta-2-Adrenergic Agonists</b>                                                                                                                            |           |                                                                                                                                                                                        |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>albuterol sulfate inhalation</i>                                                                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>albuterol sulfate oral</i>                                                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT                                                                                               | T3        | ST                                                                                                                                                                                     |
| BEVESPI AEROSPHERE                                                                                                                                                     | T2        | 90DS                                                                                                                                                                                   |
| BREZTRI AEROSPHERE                                                                                                                                                     | T2        | 90DS                                                                                                                                                                                   |
| <i>budesonide-formoterol fumarate</i>                                                                                                                                  | T2        | 90DS; QL (10.2 GM per 30 days)                                                                                                                                                         |
| COMBIVENT RESPIMAT                                                                                                                                                     | T3        |                                                                                                                                                                                        |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>                                                        | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i> | T1        | 90DS                                                                                                                                                                                   |
| <i>formoterol fumarate inhalation</i>                                                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>ipratropium-albuterol</i>                                                                                                                                           | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                        |                                                                                                                                    | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                        | <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |                                                                                                                                                                                                                          |
| Drug Name                                                                                              | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                                                                  |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>         | T1                                                                                                                                 | ST; 90DS                                                                                                                                                                                                                 |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                  | T2                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT                                           | T2                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| STRIVERDI RESPIMAT                                                                                     | T2                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>terbutaline sulfate oral</i>                                                                        | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT                         | T3                                                                                                                                 | ST                                                                                                                                                                                                                       |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT                         | T3                                                                                                                                 |                                                                                                                                                                                                                          |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <b>Selective Beta-Adrenergic Blocking Agent</b>                                                        |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>acebutolol hcl oral</i>                                                                             | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>atenolol oral</i>                                                                                   | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>betaxolol hcl oral</i>                                                                              | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>bisoprolol fumarate oral</i>                                                                        | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>metoprolol succinate er</i>                                                                         | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                            | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <b>Skeletal Muscle Relaxants, Miscellaneous</b>                                                        |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>orphenadrine citrate er</i>                                                                         | T1                                                                                                                                 | QL (60 EA per 30 days)                                                                                                                                                                                                   |
| <b>Blood Formation, Coagulation, Thrombosis</b>                                                        |                                                                                                                                    |                                                                                                                                                                                                                          |

|                                                                                                                   |                                                                                    | Requirements and Limits                                                                                     |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| lowercase italics = Generic drugs<br>UPPERCASE = Brand name drugs                                                 | Drug Tier                                                                          | 90DS = 90 Day Supply Eligible                                                                               |
|                                                                                                                   | T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty | AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
| Drug Name                                                                                                         | Drug Tier                                                                          | Requirements and Limits                                                                                     |
| <b>Antianemia Drugs</b>                                                                                           |                                                                                    |                                                                                                             |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                 | T4                                                                                 | PA                                                                                                          |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE                                                       | T4                                                                                 | PA                                                                                                          |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | T2                                                                                 | PA                                                                                                          |
| <b>Anticoagulants, Miscellaneous</b>                                                                              |                                                                                    |                                                                                                             |
| <i>fondaparinux sodium</i>                                                                                        | T1                                                                                 |                                                                                                             |
| <b>Blood Form.,Coag,Thrombosis Agents Misc.</b>                                                                   |                                                                                    |                                                                                                             |
| OXBRYTA ORAL TABLET 500 MG                                                                                        | T4                                                                                 | PA                                                                                                          |
| OXBRYTA ORAL TABLET SOLUBLE                                                                                       | T4                                                                                 | PA                                                                                                          |
| PYRUKYND                                                                                                          | T4                                                                                 | PA                                                                                                          |
| PYRUKYND TAPER PACK                                                                                               | T4                                                                                 | PA                                                                                                          |
| <b>Coumarin Derivatives</b>                                                                                       |                                                                                    |                                                                                                             |
| JANTOVEN                                                                                                          | T1                                                                                 | 90DS                                                                                                        |
| <i>warfarin sodium oral</i>                                                                                       | T1                                                                                 | 90DS                                                                                                        |
| <b>Direct Factor Xa Inhibitors</b>                                                                                |                                                                                    |                                                                                                             |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK                                                              | T2                                                                                 | QL (74 EA per 30 days)                                                                                      |
| ELIQUIS ORAL TABLET 2.5 MG                                                                                        | T2                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                |
| ELIQUIS ORAL TABLET 5 MG                                                                                          | T2                                                                                 | 90DS; QL (74 EA per 30 days)                                                                                |
| XARELTO ORAL SUSPENSION RECONSTITUTED                                                                             | T2                                                                                 | 90DS; QL (600 ML per 30 days); AL (Max 18 Years)                                                            |
| XARELTO ORAL TABLET 10 MG, 20 MG                                                                                  | T2                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                |
| XARELTO ORAL TABLET 15 MG, 2.5 MG                                                                                 | T2                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                |
| XARELTO STARTER PACK                                                                                              | T2                                                                                 | QL (51 EA per 30 days)                                                                                      |
| <b>Direct Thrombin Inhibitors</b>                                                                                 |                                                                                    |                                                                                                             |

|                                                                                                                   |           | Requirements and Limits                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                         |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty    |           |                                                                                                                                                                                        |
| Drug Name                                                                                                         | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>dabigatran etexilate mesylate</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| PRADAXA ORAL CAPSULE 110 MG                                                                                       | T3        | ST; QL (60 EA per 30 days)                                                                                                                                                             |
| Hematopoietic Agents                                                                                              |           |                                                                                                                                                                                        |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                 | T4        | PA                                                                                                                                                                                     |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE                                                       | T4        | PA                                                                                                                                                                                     |
| DOPTELET ORAL TABLET 20 MG                                                                                        | T4        | PA                                                                                                                                                                                     |
| LEUKINE INJECTION SOLUTION RECONSTITUTED                                                                          | T4        | PA                                                                                                                                                                                     |
| NIVESTYM                                                                                                          | T4        | PA                                                                                                                                                                                     |
| PROMACTA ORAL PACKET                                                                                              | T4        | PA                                                                                                                                                                                     |
| PROMACTA ORAL TABLET                                                                                              | T4        | PA; QL (30 EA per 30 days)                                                                                                                                                             |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | T2        | PA                                                                                                                                                                                     |
| ZARXIO                                                                                                            | T4        | PA                                                                                                                                                                                     |
| ZIEXTENZO                                                                                                         | T4        | PA                                                                                                                                                                                     |
| Hemorrhologic Agents                                                                                              |           |                                                                                                                                                                                        |
| <i>pentoxifylline er</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| Hemostatics                                                                                                       |           |                                                                                                                                                                                        |
| <i>aminocaproic acid oral tablet</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>desmopressin ace spray refrig</i>                                                                              | T1        | 90DS; QL (15 ML per 30 days)                                                                                                                                                           |
| <i>desmopressin acetate oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>desmopressin acetate spray</i>                                                                                 | T1        | 90DS; QL (15 ML per 30 days)                                                                                                                                                           |
| <i>tranexamic acid oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| Heparins                                                                                                          |           |                                                                                                                                                                                        |
| <i>enoxaparin sodium injection solution prefilled syringe</i>                                                     | T1        |                                                                                                                                                                                        |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML                                                     | T3        | QL (30 ML per 30 days)                                                                                                                                                                 |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| FRAGMIN SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 12500 UNIT/0.5ML                                            | T3        | QL (15 ML per 30 days)                                                                                                                                                                 |
| FRAGMIN SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 15000 UNIT/0.6ML                                            | T3        | QL (18 ML per 30 days)                                                                                                                                                                 |
| FRAGMIN SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 18000 UNT/0.72ML                                            | T3        | QL (21.6 ML per 30 days)                                                                                                                                                               |
| FRAGMIN SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 2500 UNIT/0.2ML,<br>5000 UNIT/0.2ML                         | T3        | QL (6 ML per 30 days)                                                                                                                                                                  |
| FRAGMIN SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 7500 UNIT/0.3ML                                             | T3        | QL (9 ML per 30 days)                                                                                                                                                                  |
| <i>heparin sodium (porcine) injection solution<br/>1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>               | T1        |                                                                                                                                                                                        |
| <i>heparin sodium (porcine) pf injection solution<br/>5000 unit/0.5ml</i>                                      | T1        |                                                                                                                                                                                        |
| Iron Preparations                                                                                              |           |                                                                                                                                                                                        |
| <i>m-natal plus</i>                                                                                            | T1        |                                                                                                                                                                                        |
| <i>pnv prenatal plus multivitamin</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>pnv tabs 29-1</i>                                                                                           | T1        |                                                                                                                                                                                        |
| <i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>prenatal vitamin plus low iron</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>preplus</i>                                                                                                 | T1        |                                                                                                                                                                                        |
| Platelet-Aggregation Inhibitors                                                                                |           |                                                                                                                                                                                        |
| <i>adult aspirin regimen</i>                                                                                   | T1        | ACA Preventative Medication-<br>\$0 Copay                                                                                                                                              |
| <i>aspirin 81 oral tablet chewable</i>                                                                         | T1        | ACA Preventative Medication-<br>\$0 Copay                                                                                                                                              |
| <i>aspirin adult low dose</i>                                                                                  | T1        | ACA Preventative Medication-<br>\$0 Copay                                                                                                                                              |
| <i>aspirin adult low strength oral tablet delayed<br/>release</i>                                              | T1        | ACA Preventative Medication-<br>\$0 Copay                                                                                                                                              |
| <i>aspirin childrens</i>                                                                                       | T1        | ACA Preventative Medication-<br>\$0 Copay                                                                                                                                              |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>aspirin ec adult low strength</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin ec low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin ec low strength</i>                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin ec oral tablet delayed release 81 mg</i>                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin low dose oral tablet chewable</i>                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin low dose oral tablet delayed release</i>                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin low strength</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin oral tablet chewable</i>                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin oral tablet delayed release 81 mg</i>                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>aspirin-dipyridamole er</i>                                                           | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| BRILINTA                                                                                 | T2        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>childrens aspirin</i>                                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cilostazol</i>                                                                        | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>                                           | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>cvs aspirin adult low dose</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin adult low strength</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i>                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin low strength oral tablet delayed release</i>                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>dipyridamole oral</i>                                                                 | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>eq aspirin adult low dose</i>                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin low dose oral tablet chewable</i>                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp adult aspirin low strength oral tablet chewable</i>                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin adult low st</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin low dose</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin oral tablet chewable</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>h-e-b aspirin</i>                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>hm aspirin ec low dose</i>                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>hm aspirin oral tablet chewable</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>kl aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>kp aspirin</i>                                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>prasugrel hcl</i>                                                                     | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>px aspirin oral tablet chewable</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i>                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>qc aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |

|                                                                          |                          | Requirements and Limits               |
|--------------------------------------------------------------------------|--------------------------|---------------------------------------|
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|                                                                          | T1 = Generic             | AL = Age Limit                        |
|                                                                          | T2 = Preferred Brand     | PA = Prior Authorization              |
|                                                                          | T3 = Non-Preferred Brand | QL = Quantity Limit                   |
|                                                                          | T4 = Specialty           | ST = Step Therapy                     |
| ST = Step Therapy                                                        |                          |                                       |
| Drug Name                                                                | Drug Tier                | Requirements and Limits               |
| <i>qc childrens aspirin</i>                                              | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>ra aspirin adult low dose</i>                                         | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>ra aspirin adult low strength oral tablet chewable</i>                | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>ra aspirin childrens</i>                                              | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>ra aspirin ec adult low st</i>                                        | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i>                   | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>sb childrens aspirin</i>                                              | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>sb low dose asa ec</i>                                                | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>sm aspirin adult low strength</i>                                     | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>sm aspirin ec low strength</i>                                        | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>sm aspirin low dose oral tablet chewable</i>                          | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>sm childrens aspirin</i>                                              | T1                       | ACA Preventative Medication-\$0 Copay |
| ZONTIVITY                                                                | T3                       | PA                                    |
| Platelet-Reducing Agents                                                 |                          |                                       |
| <i>anagrelide hcl</i>                                                    | T1                       | 90DS                                  |
| Thrombolytic Agents                                                      |                          |                                       |
| <i>adult aspirin regimen</i>                                             | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>aspirin 81 oral tablet chewable</i>                                   | T1                       | ACA Preventative Medication-\$0 Copay |
| <i>aspirin adult low dose</i>                                            | T1                       | ACA Preventative Medication-\$0 Copay |

| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs |           | <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| <i>aspirin adult low strength oral tablet delayed release</i>                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin childrens</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec adult low strength</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec low dose</i>                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec low strength</i>                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec oral tablet delayed release 81 mg</i>                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low dose oral tablet chewable</i>                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low dose oral tablet delayed release</i>                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low strength</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin oral tablet chewable</i>                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin oral tablet delayed release 81 mg</i>                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>childrens aspirin</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>cvs aspirin adult low dose</i>                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>cvs aspirin adult low strength</i>                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i>                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>cvs aspirin low dose</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>cvs aspirin low strength oral tablet delayed release</i>                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>eq aspirin adult low dose</i>                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin low dose oral tablet chewable</i>                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp adult aspirin low strength oral tablet chewable</i>                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin adult low st</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin low dose</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin oral tablet chewable</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>h-e-b aspirin</i>                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>hm aspirin ec low dose</i>                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>hm aspirin oral tablet chewable</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cls aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>kp aspirin</i>                                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>px aspirin oral tablet chewable</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i>                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>qc aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |

|                                                                                 |           | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                                                                                                                  |
| <i>qc childrens aspirin</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin adult low dose</i>                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin adult low strength oral tablet chewable</i>                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin childrens</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin ec adult low st</i>                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i>                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sb childrens aspirin</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sb low dose asa ec</i>                                                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm aspirin adult low strength</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm aspirin ec low strength</i>                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm aspirin low dose oral tablet chewable</i>                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm childrens aspirin</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| Cardiovascular Drugs                                                            |           |                                                                                                                                                                                                                          |
| Alpha-Adrenergic Blocking Agents                                                |           |                                                                                                                                                                                                                          |
| <i>carvedilol</i>                                                               | T1        | 90DS                                                                                                                                                                                                                     |
| <i>doxazosin mesylate oral</i>                                                  | T1        | 90DS                                                                                                                                                                                                                     |
| <i>labetalol hcl oral</i>                                                       | T1        | 90DS                                                                                                                                                                                                                     |
| <i>prazosin hcl oral</i>                                                        | T1        | 90DS                                                                                                                                                                                                                     |
| <i>terazosin hcl oral</i>                                                       | T1        | 90DS                                                                                                                                                                                                                     |
| Alpha-Adrenergic Blocking Agt.(Hypoten)                                         |           |                                                                                                                                                                                                                          |
| <i>carvedilol</i>                                                               | T1        | 90DS                                                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>doxazosin mesylate oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>labetalol hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>prazosin hcl oral</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>terazosin hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Angiotensin II Receptor Antagon.(Hypotn)                                                                       |           |                                                                                                                                                                                        |
| <i>candesartan cilexetil</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>irbesartan</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>losartan potassium oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>olmesartan medoxomil oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>telmisartan</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>valsartan oral tablet</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| Angiotensin II Receptor Antagonists                                                                            |           |                                                                                                                                                                                        |
| <i>amlodipine besylate-valsartan</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>amlodipine-olmesartan</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>candesartan cilexetil</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>candesartan cilexetil-hctz</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| ENTRESTO                                                                                                       | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>irbesartan</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>irbesartan-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>losartan potassium oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>losartan potassium-hctz</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>olmesartan medoxomil oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>olmesartan medoxomil-hctz</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>telmisartan</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>telmisartan-hctz</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>valsartan oral tablet</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>valsartan-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| Angiotensin-Convert.Enzyme Inhib(Hypotn)                                                                       |           |                                                                                                                                                                                        |
| <i>benazepril hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>captopril oral</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>enalapril maleate oral tablet</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>fosinopril sodium</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>lisinopril oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>moexipril hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>perindopril erbumine</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>quinapril hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>ramipril</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>trandolapril</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| Angiotensin-Converting Enzyme Inhibitors                                                                       |           |                                                                                                                                                                                        |
| <i>amlodipine besy-benazepril hcl</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>benazepril hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>benazepril-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>captopril oral</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>enalapril maleate oral tablet</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>enalapril-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>fosinopril sodium</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>lisinopril oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>lisinopril-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>moexipril hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>perindopril erbumine</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>quinapril hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>quinapril-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>ramipril</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>trandolapril</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| Antiarrhythmics, Miscellaneous                                                                                 |           |                                                                                                                                                                                        |
| DIGITEK                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| DIGOX                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>digoxin oral solution</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                                                    | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Antilipemic Agents, Miscellaneous</b>                                                                                           |           |                                                                                                                                                                                        |
| <i>icosapent ethyl</i>                                                                                                             | T1        | PA; 90DS                                                                                                                                                                               |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                                                                                    | T4        | PA                                                                                                                                                                                     |
| NEXLETOL                                                                                                                           | T3        | PA                                                                                                                                                                                     |
| NEXLIZET                                                                                                                           | T3        | PA                                                                                                                                                                                     |
| <i>niacin er (antihyperlipidemic)</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>omega-3-acid ethyl esters</i>                                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| VASCEPA                                                                                                                            | T3        | PA                                                                                                                                                                                     |
| <b>Beta-Adrenergic Blocking Agents</b>                                                                                             |           |                                                                                                                                                                                        |
| <i>acebutolol hcl oral</i>                                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>atenolol oral</i>                                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>atenolol-chlorthalidone</i>                                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>betaxolol hcl oral</i>                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>bisoprolol fumarate oral</i>                                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>bisoprolol-hydrochlorothiazide</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>carvedilol</i>                                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>labetalol hcl oral</i>                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol succinate er</i>                                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol-hydrochlorothiazide</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>nebivolol hcl</i>                                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>pindolol</i>                                                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl er</i>                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl oral</i>                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl (af)</i>                                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl oral</i>                                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>timolol maleate oral</i>                                                                                                        | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Beta-Adrenergic Blocking Agt.(Hypoten)</b>                                                                  |           |                                                                                                                                                                                        |
| <i>acebutolol hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>atenolol oral</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>betaxolol hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>bisoprolol fumarate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>carvedilol</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>labetalol hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol succinate er</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>pindolol</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl er</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl (af)</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>timolol maleate oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Bile Acid Sequestrants</b>                                                                                  |           |                                                                                                                                                                                        |
| <i>cholestyramine light</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>cholestyramine oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>colesevelam hcl</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>colestipol hcl</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <b>Calcium-Channel Block.Agt,Misc(Hypoten)</b>                                                                 |           |                                                                                                                                                                                        |
| CARTIA XT                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er beads</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                           | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>dilt-xr</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>                   | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Calcium-Channel Blocking Agents, Misc.                                                                         |           |                                                                                                                                                                                        |
| CARTIA XT                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er beads</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                           | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>dilt-xr</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>                   | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Carbonic Anhydrase Inhibitors(Hypoten)                                                                         |           |                                                                                                                                                                                        |
| <i>acetazolamide er</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>acetazolamide oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>methazolamide oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Cardiac Drugs, Miscellaneous                                                                                   |           |                                                                                                                                                                                        |
| CAMZYOS                                                                                                        | T4        | PA                                                                                                                                                                                     |
| CORLANOR                                                                                                       | T3        | PA                                                                                                                                                                                     |
| <i>ranolazine er</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| VYNDAMAX                                                                                                       | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| VYNDAQEL                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <b>Cardiotonic Agents</b>                                                                                      |           |                                                                                                                                                                                        |
| DIGITEK                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| DIGOX                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>digoxin oral solution</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Central Alpha-Agonists</b>                                                                                  |           |                                                                                                                                                                                        |
| <i>clonidine</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>clonidine hcl er oral tablet extended release 12 hour</i>                                                   | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| <i>clonidine hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>guanfacine hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>methyldopa oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <b>Cholesterol Absorption Inhibitors</b>                                                                       |           |                                                                                                                                                                                        |
| <i>ezetimibe</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>ezetimibe-simvastatin</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| NEXLIZET                                                                                                       | T3        | PA                                                                                                                                                                                     |
| <b>Class Ia Antiarrhythmics</b>                                                                                |           |                                                                                                                                                                                        |
| <i>disopyramide phosphate oral</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| NORPACE CR                                                                                                     | T3        |                                                                                                                                                                                        |
| <i>quinidine gluconate er</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>quinidine sulfate oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <b>Class Ib Antiarrhythmics</b>                                                                                |           |                                                                                                                                                                                        |
| DILANTIN ORAL CAPSULE 30 MG                                                                                    | T3        |                                                                                                                                                                                        |
| <i>mexiletine hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| PHENYTEK                                                                                                       | T3        |                                                                                                                                                                                        |
| <i>phenytoin oral</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>phenytoin sodium extended</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <b>Class Ic Antiarrhythmics</b>                                                                                |           |                                                                                                                                                                                        |
| <i>flecainide acetate</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>propafenone hcl</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <b>Class Ii Antiarrhythmics</b>                                                                                |           |                                                                                                                                                                                        |
| <i>acebutolol hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>atenolol oral</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>betaxolol hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>bisoprolol fumarate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>carvedilol</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>labetalol hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol succinate er</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>pindolol</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl er</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>propranolol hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl (af)</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>timolol maleate oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Class Iii Antiarrhythmics</b>                                                                               |           |                                                                                                                                                                                        |
| <i>amiodarone hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>dofetilide</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| MULTAQ                                                                                                         | T3        |                                                                                                                                                                                        |
| <i>sotalol hcl (af)</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>sotalol hcl oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <b>Class Iv Antiarrhythmics</b>                                                                                |           |                                                                                                                                                                                        |
| CARTIA XT                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er beads</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                           | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>dilt-xr</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>                   | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Dihydropyridines                                                                                               |           |                                                                                                                                                                                        |
| <i>amlodipine besy-benazepril hcl</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>amlodipine besylate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>amlodipine besylate-valsartan</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>amlodipine-atorvastatin</i>                                                                                 | T1        | ST; 90DS                                                                                                                                                                               |
| <i>amlodipine-olmesartan</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>felodipine er</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>isradipine</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>nicardipine hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine er</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine er osmotic release</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>nimodipine oral</i>                                                                                         | T1        |                                                                                                                                                                                        |
| Dihydropyridines (Antihypertensive)                                                                            |           |                                                                                                                                                                                        |
| <i>amlodipine besylate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>felodipine er</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>isradipine</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>nicardipine hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine er</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine er osmotic release</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>nimodipine oral</i>                                                                                         | T1        |                                                                                                                                                                                        |
| Direct Vasodilators                                                                                            |           |                                                                                                                                                                                        |
| <i>hydralazine hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>minoxidil oral</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <b>Diuretics, Miscellaneous (Hypotensive)</b>                                                                  |           |                                                                                                                                                                                        |
| <i>theophylline</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>                                     | T1        |                                                                                                                                                                                        |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 24 hour</i>                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Fibric Acid Derivatives</b>                                                                                 |           |                                                                                                                                                                                        |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>fenofibric acid oral capsule delayed release</i>                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>fenofibric acid oral tablet 35 mg</i>                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>gemfibrozil oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <b>Hmg-Coa Reductase Inhibitors</b>                                                                            |           |                                                                                                                                                                                        |
| <i>amlodipine-atorvastatin</i>                                                                                 | T1        | ST; 90DS                                                                                                                                                                               |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>                                                           | T1        | \$0 copay for members ages 40-75 years; 90DS                                                                                                                                           |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>ezetimibe-simvastatin</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>lovastatin oral tablet 10 mg, 20 mg</i>                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>lovastatin oral tablet 40 mg</i>                                                                            | T1        | \$0 copay for members ages 40-75 years; 90DS                                                                                                                                           |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg</i>                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>pravastatin sodium oral tablet 40 mg, 80 mg</i>                                                             | T1        | \$0 copay for members ages 40-75 years; 90DS                                                                                                                                           |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>                                                            | T1        | \$0 copay for members ages 40-75 years; 90DS                                                                                                                                           |
| <i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>simvastatin oral tablet 10 mg, 5 mg, 80 mg</i>                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>simvastatin oral tablet 20 mg, 40 mg</i>                                                                    | T1        | \$0 copay for members ages 40-75 years; 90DS                                                                                                                                           |
| Hypotensive Agents, Miscellaneous                                                                              |           |                                                                                                                                                                                        |
| <i>phenoxybenzamine hcl oral</i>                                                                               | T4        |                                                                                                                                                                                        |
| Loop Diuretics (Hypotensive Agents)                                                                            |           |                                                                                                                                                                                        |
| <i>bumetanide oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>ethacrynic acid oral</i>                                                                                    | T1        | PA; 90DS                                                                                                                                                                               |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>furosemide oral tablet</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>toremide oral</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| Mineralocorticoid (Aldosterone) Antagnts                                                                       |           |                                                                                                                                                                                        |
| <i>eplerenone</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>spironolactone oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>spironolactone-hctz</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| Mineralocorticoid(Aldoster.)Antag(Hypot)                                                                       |           |                                                                                                                                                                                        |
| <i>eplerenone</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>spironolactone oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| Nitrates And Nitrites                                                                                          |           |                                                                                                                                                                                        |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>isosorbide mononitrate</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>isosorbide mononitrate er</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| NITRO-BID                                                                                                      | T3        |                                                                                                                                                                                        |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                                       | T3        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>nitroglycerin sublingual</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>nitroglycerin transdermal patch 24 hour</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>nitroglycerin translingual solution</i>                                                                     | T1        | 90DS                                                                                                                                                                                   |
| Pcsk9 Inhibitors                                                                                               |           |                                                                                                                                                                                        |
| REPATHA                                                                                                        | T2        | PA                                                                                                                                                                                     |
| REPATHA PUSHTRONEX SYSTEM                                                                                      | T2        | PA                                                                                                                                                                                     |
| REPATHA SURECLICK                                                                                              | T2        | PA                                                                                                                                                                                     |
| Phosphodiesterase Type 5 Inhibitors                                                                            |           |                                                                                                                                                                                        |
| <i>cilostazol</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>sildenafil citrate oral suspension reconstituted</i>                                                        | T1        | PA; 90DS                                                                                                                                                                               |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                                    | T1        | PA; 90DS                                                                                                                                                                               |
| <i>tadalafil (pah)</i>                                                                                         | T1        | PA; 90DS                                                                                                                                                                               |
| Potassium-Sparing Diuretics (Hypoten)                                                                          |           |                                                                                                                                                                                        |
| <i>amiloride hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>eplerenone</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>spironolactone oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| Renin-Angioten.-Aldost. Sys. Inhib, Misc                                                                       |           |                                                                                                                                                                                        |
| ENTRESTO                                                                                                       | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| Thiazide Diuretics(Hypotensive Agents)                                                                         |           |                                                                                                                                                                                        |
| <i>hydrochlorothiazide oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| Thiazide-Like Diuretics(Hypotensive Agt)                                                                       |           |                                                                                                                                                                                        |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>indapamide oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>metolazone</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| Vasodilating Agents, Miscellaneous                                                                             |           |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>ambrisentan</i>                                                                                             | T4        | PA                                                                                                                                                                                     |
| <i>amlodipine besylate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>bosentan</i>                                                                                                | T4        | PA                                                                                                                                                                                     |
| CARTIA XT                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| CORLANOR                                                                                                       | T3        | PA                                                                                                                                                                                     |
| <i>diltiazem hcl er beads</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                           | T1        | 90DS                                                                                                                                                                                   |
| <i>diltiazem hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>dilt-xr</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>dipyridamole oral</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>nicardipine hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine er</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine er osmotic release</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>nifedipine oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>nimodipine oral</i>                                                                                         | T1        |                                                                                                                                                                                        |
| ORENITRAM                                                                                                      | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 1                                                                                              | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 2                                                                                              | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 3                                                                                              | T4        | PA                                                                                                                                                                                     |
| TYVASO                                                                                                         | T4        | PA                                                                                                                                                                                     |
| TYVASO DPI MAINTENANCE KIT                                                                                     | T4        | PA                                                                                                                                                                                     |
| TYVASO DPI TITRATION KIT                                                                                       | T4        | PA                                                                                                                                                                                     |
| TYVASO REFILL                                                                                                  | T4        | PA                                                                                                                                                                                     |
| TYVASO STARTER                                                                                                 | T4        | PA                                                                                                                                                                                     |
| VENTAVIS                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>                   | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>verapamil hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| VERQUVO                                                                                                        | T2        | PA; 90DS                                                                                                                                                                               |
| Central Nervous System Agents                                                                                  |           |                                                                                                                                                                                        |
| Adamantanes (Cns)                                                                                              |           |                                                                                                                                                                                        |
| <i>amantadine hcl oral capsule</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>amantadine hcl oral solution</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>amantadine hcl oral tablet</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| GOCOVRI                                                                                                        | T3        | PA                                                                                                                                                                                     |
| Amphetamines                                                                                                   |           |                                                                                                                                                                                        |
| ADZENYS XR-ODT                                                                                                 | T3        | ST; QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                          |
| <i>amphetamine sulfate oral tablet 10 mg</i>                                                                   | T1        | ST; QL (180 EA per 30 days); AL (Max 21 Years)                                                                                                                                         |
| <i>amphetamine sulfate oral tablet 5 mg</i>                                                                    | T1        | ST; QL (90 EA per 30 days); AL (Max 21 Years)                                                                                                                                          |
| <i>amphetamine-dextroamphet er</i>                                                                             | T1        | QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>                    | T1        | QL (90 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i>                                                         | T1        | QL (60 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>                         | T1        | QL (120 EA per 30 days); AL (Max 21 Years)                                                                                                                                             |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>                                 | T1        | QL (90 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i>                                                             | T1        | QL (180 EA per 30 days); AL (Max 21 Years)                                                                                                                                             |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i>                                                              | T1        | QL (60 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| VYVANSE ORAL CAPSULE                                                                                           | T3        | ST; QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                          |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Analgesics And Antipyretics, Misc.</b>                                                                      |           |                                                                                                                                                                                        |
| <i>acetaminophen-codeine oral solution</i>                                                                     | T1        | QL (4500 ML per 30 days); AL (Min 18 Years)                                                                                                                                            |
| <i>acetaminophen-codeine oral tablet</i>                                                                       | T1        | QL (180 EA per 30 days); AL (Min 18 Years)                                                                                                                                             |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                                          | T1        | QL (36 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                                                   | T1        | QL (18 EA per 30 days); AL (Min 18 Years)                                                                                                                                              |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>                                                      | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                                                       | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>gabapentin oral capsule</i>                                                                                 | T1        | QL (180 EA per 30 days)                                                                                                                                                                |
| <i>gabapentin oral solution 250 mg/5ml</i>                                                                     | T1        | QL (2160 ML per 30 days); AL (Max 12 Years)                                                                                                                                            |
| <i>gabapentin oral solution 300 mg/6ml</i>                                                                     | T1        | QL (2160 ML per 30 days)                                                                                                                                                               |
| <i>gabapentin oral tablet 600 mg</i>                                                                           | T1        | QL (180 EA per 30 days)                                                                                                                                                                |
| <i>gabapentin oral tablet 800 mg</i>                                                                           | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                                   | T1        |                                                                                                                                                                                        |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                         | T1        |                                                                                                                                                                                        |
| <i>tramadol-acetaminophen</i>                                                                                  | T1        | QL (40 EA per 5 days)                                                                                                                                                                  |
| <b>Anticholinergic Agents (Cns)</b>                                                                            |           |                                                                                                                                                                                        |
| <i>benztropine mesylate oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>orphenadrine citrate er</i>                                                                                 | T1        | QL (60 EA per 30 days)                                                                                                                                                                 |
| <i>trihexyphenidyl hcl</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <b>Anticonvulsants, Miscellaneous</b>                                                                          |           |                                                                                                                                                                                        |
| <i>acetazolamide er</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>acetazolamide oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| APTOM ORAL TABLET 200 MG, 400 MG                                                                               | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| APTOM ORAL TABLET 600 MG, 800 MG                                                                               | T3        | ST; QL (60 EA per 30 days)                                                                                                                                                             |

|                                                                          |                                                                                    | Requirements and Limits                                                                                     |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| lowercase <i>italics</i> = Generic drugs<br>UPPERCASE = Brand name drugs | Drug Tier                                                                          | 90DS = 90 Day Supply Eligible                                                                               |
|                                                                          | T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty | AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
| Drug Name                                                                | Drug Tier                                                                          | Requirements and Limits                                                                                     |
| BRIVIACT ORAL                                                            | T3                                                                                 |                                                                                                             |
| <i>carbamazepine er</i>                                                  | T1                                                                                 | 90DS                                                                                                        |
| <i>carbamazepine oral suspension</i>                                     | T1                                                                                 | 90DS; AL (Max 12 Years)                                                                                     |
| <i>carbamazepine oral tablet</i>                                         | T1                                                                                 | 90DS                                                                                                        |
| <i>carbamazepine oral tablet chewable</i>                                | T1                                                                                 | 90DS                                                                                                        |
| DIACOMIT                                                                 | T4                                                                                 | ST                                                                                                          |
| <i>divalproex sodium er oral tablet extended release 24 hour</i>         | T1                                                                                 | 90DS                                                                                                        |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>           | T1                                                                                 | 90DS                                                                                                        |
| <i>divalproex sodium oral tablet delayed release</i>                     | T1                                                                                 | 90DS                                                                                                        |
| EPIDIOLEX                                                                | T4                                                                                 | ST                                                                                                          |
| EPITOL                                                                   | T1                                                                                 | 90DS                                                                                                        |
| EQUETRO                                                                  | T3                                                                                 |                                                                                                             |
| <i>felbamate</i>                                                         | T1                                                                                 | 90DS                                                                                                        |
| FINTEPLA                                                                 | T4                                                                                 | ST                                                                                                          |
| FYCOMPA ORAL SUSPENSION                                                  | T3                                                                                 | ST                                                                                                          |
| FYCOMPA ORAL TABLET                                                      | T3                                                                                 | ST; QL (30 EA per 30 days)                                                                                  |
| <i>gabapentin oral capsule</i>                                           | T1                                                                                 | QL (180 EA per 30 days)                                                                                     |
| <i>gabapentin oral solution 250 mg/5ml</i>                               | T1                                                                                 | QL (2160 ML per 30 days); AL (Max 12 Years)                                                                 |
| <i>gabapentin oral solution 300 mg/6ml</i>                               | T1                                                                                 | QL (2160 ML per 30 days)                                                                                    |
| <i>gabapentin oral tablet 600 mg</i>                                     | T1                                                                                 | QL (180 EA per 30 days)                                                                                     |
| <i>gabapentin oral tablet 800 mg</i>                                     | T1                                                                                 | QL (120 EA per 30 days)                                                                                     |
| <i>lacosamide oral solution</i>                                          | T1                                                                                 | 90DS; QL (1200 ML per 30 days)                                                                              |
| <i>lacosamide oral tablet</i>                                            | T1                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                |
| <i>lamotrigine er</i>                                                    | T1                                                                                 | 90DS                                                                                                        |
| <i>lamotrigine oral tablet</i>                                           | T1                                                                                 | 90DS                                                                                                        |
| <i>lamotrigine oral tablet chewable</i>                                  | T1                                                                                 | 90DS                                                                                                        |
| <i>lamotrigine starter kit-blue</i>                                      | T1                                                                                 |                                                                                                             |
| <i>lamotrigine starter kit-green</i>                                     | T1                                                                                 |                                                                                                             |

|                                                                                 |           | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                                                                                                                  |
| <i>lamotrigine starter kit-orange</i>                                           | T1        |                                                                                                                                                                                                                          |
| <i>levetiracetam er</i>                                                         | T1        | 90DS                                                                                                                                                                                                                     |
| <i>levetiracetam oral</i>                                                       | T1        | 90DS                                                                                                                                                                                                                     |
| <i>oxcarbazepine oral suspension</i>                                            | T1        | 90DS; AL (Max 12 Years)                                                                                                                                                                                                  |
| <i>oxcarbazepine oral tablet</i>                                                | T1        | 90DS                                                                                                                                                                                                                     |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>      | T1        | 90DS; QL (90 EA per 30 days)                                                                                                                                                                                             |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                                   | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                             |
| <i>pregabalin oral solution</i>                                                 | T1        | 90DS; QL (900 ML per 30 days)                                                                                                                                                                                            |
| <i>rufinamide oral suspension</i>                                               | T1        | 90DS; QL (2400 ML per 30 days); AL (Max 12 Years)                                                                                                                                                                        |
| <i>rufinamide oral tablet</i>                                                   | T1        | ST; 90DS; QL (240 EA per 30 days)                                                                                                                                                                                        |
| SPRITAM ORAL TABLET<br>DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG           | T3        | QL (60 EA per 30 days)                                                                                                                                                                                                   |
| SPRITAM ORAL TABLET<br>DISINTEGRATING SOLUBLE 750 MG                            | T3        | QL (120 EA per 30 days)                                                                                                                                                                                                  |
| <i>tiagabine hcl</i>                                                            | T1        | 90DS                                                                                                                                                                                                                     |
| <i>topiramate oral</i>                                                          | T1        | 90DS                                                                                                                                                                                                                     |
| <i>valproic acid oral capsule</i>                                               | T1        | 90DS                                                                                                                                                                                                                     |
| <i>valproic acid oral solution</i>                                              | T1        | 90DS                                                                                                                                                                                                                     |
| <i>vigabatrin</i>                                                               | T1        | ST; 90DS; QL (180 EA per 30 days)                                                                                                                                                                                        |
| XCOPRI                                                                          | T3        | ST                                                                                                                                                                                                                       |
| XCOPRI (250 MG DAILY DOSE) ORAL<br>TABLET THERAPY PACK 100 & 150 MG             | T3        | ST                                                                                                                                                                                                                       |
| XCOPRI (350 MG DAILY DOSE)                                                      | T3        | ST                                                                                                                                                                                                                       |
| <i>zonisamide oral</i>                                                          | T1        | 90DS                                                                                                                                                                                                                     |
| Antidepressants, Miscellaneous                                                  |           |                                                                                                                                                                                                                          |
| <i>bupropion hcl er (smoking det)</i>                                           | T1        | ACA Preventative Medication-<br>\$0 Copay                                                                                                                                                                                |

|                                                                                  |                                                                                                                                    | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| Drug Name                                                                        | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                                                                  |
| <i>bupropion hcl er (sr)</i>                                                     | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>bupropion hcl oral</i>                                                        | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>mirtazapine oral</i>                                                          | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <b>Antimanic Agents</b>                                                          |                                                                                                                                    |                                                                                                                                                                                                                          |
| ABILIFY ASIMTUFII                                                                | T4                                                                                                                                 | PA                                                                                                                                                                                                                       |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE                                 | T4                                                                                                                                 | PA; QL (1 EA per 28 days)                                                                                                                                                                                                |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                       | T4                                                                                                                                 | PA; QL (1 EA per 28 days)                                                                                                                                                                                                |
| <i>aripiprazole oral solution</i>                                                | T1                                                                                                                                 | 90DS; QL (750 ML per 30 days); AL (Max 12 Years)                                                                                                                                                                         |
| <i>aripiprazole oral tablet</i>                                                  | T1                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>aripiprazole oral tablet dispersible</i>                                      | T1                                                                                                                                 | 90DS; QL (60 EA per 30 days); AL (Max 12 Years)                                                                                                                                                                          |
| ARISTADA INITIO                                                                  | T4                                                                                                                                 | PA; QL (2.4 ML per 168 days)                                                                                                                                                                                             |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML                           | T4                                                                                                                                 | PA; QL (3.9 ML per 56 days)                                                                                                                                                                                              |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML                            | T4                                                                                                                                 | PA; QL (1.6 ML per 28 days)                                                                                                                                                                                              |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML                            | T4                                                                                                                                 | PA; QL (2.4 ML per 28 days)                                                                                                                                                                                              |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML                            | T4                                                                                                                                 | PA; QL (3.2 ML per 28 days)                                                                                                                                                                                              |
| <i>asenapine maleate</i>                                                         | T1                                                                                                                                 | ST; 90DS; QL (60 EA per 30 days)                                                                                                                                                                                         |
| <i>carbamazepine er</i>                                                          | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>carbamazepine oral suspension</i>                                             | T1                                                                                                                                 | 90DS; AL (Max 12 Years)                                                                                                                                                                                                  |
| <i>carbamazepine oral tablet</i>                                                 | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>carbamazepine oral tablet chewable</i>                                        | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>divalproex sodium er oral tablet extended release 24 hour</i>                 | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>                                                                                                                                                                             | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>divalproex sodium oral tablet delayed release</i>                                                                                                                                                                                       | T1        | 90DS                                                                                                                                                                                                                                        |
| EPITOL                                                                                                                                                                                                                                     | T1        | 90DS                                                                                                                                                                                                                                        |
| EQUETRO                                                                                                                                                                                                                                    | T3        |                                                                                                                                                                                                                                             |
| <i>lamotrigine er</i>                                                                                                                                                                                                                      | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>lamotrigine oral tablet</i>                                                                                                                                                                                                             | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>lamotrigine oral tablet chewable</i>                                                                                                                                                                                                    | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>lamotrigine starter kit-blue</i>                                                                                                                                                                                                        | T1        |                                                                                                                                                                                                                                             |
| <i>lamotrigine starter kit-green</i>                                                                                                                                                                                                       | T1        |                                                                                                                                                                                                                                             |
| <i>lamotrigine starter kit-orange</i>                                                                                                                                                                                                      | T1        |                                                                                                                                                                                                                                             |
| <i>lithium carbonate er</i>                                                                                                                                                                                                                | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>lithium carbonate oral</i>                                                                                                                                                                                                              | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>olanzapine oral</i>                                                                                                                                                                                                                     | T1        | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                                                |
| PERSERIS                                                                                                                                                                                                                                   | T4        | PA; QL (1 EA per 28 days)                                                                                                                                                                                                                   |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>                                                                                                                                                          | T1        | 90DS; QL (30 EA per 30 days)                                                                                                                                                                                                                |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>                                                                                                                                                   | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                                                |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                                                                                                                                                                      | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                                                |
| <i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>                                                                                                                                                                                        | T1        | 90DS; QL (90 EA per 30 days)                                                                                                                                                                                                                |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                                                                                                                                                                                 | T4        | PA; QL (2 EA per 28 days)                                                                                                                                                                                                                   |
| <i>risperidone oral solution</i>                                                                                                                                                                                                           | T1        | 90DS; QL (480 ML per 30 days)                                                                                                                                                                                                               |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                                                                                                                                                 | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                                                |
| <i>risperidone oral tablet 3 mg, 4 mg</i>                                                                                                                                                                                                  | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                                                                               |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                                                                                                                                     | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                                                                                |
| <i>risperidone oral tablet dispersible 3 mg, 4 mg</i>                                                                                                                                                                                      | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                                                                               |
| SECUADO                                                                                                                                                                                                                                    | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                                                                                  |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| <i>valproic acid oral capsule</i>                                               | T1        | 90DS                                                                                                                               |                                                                                                                                                                                                                          |
| <i>valproic acid oral solution</i>                                              | T1        | 90DS                                                                                                                               |                                                                                                                                                                                                                          |
| <i>ziprasidone hcl</i>                                                          | T1        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG          | T4        | PA; QL (2 EA per 28 days)                                                                                                          |                                                                                                                                                                                                                          |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG                  | T4        | PA; QL (1 EA per 28 days)                                                                                                          |                                                                                                                                                                                                                          |
| Antimigraine Agents, Miscellaneous                                              |           |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>adult aspirin regimen</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin 81 oral tablet chewable</i>                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin adult low dose</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin adult low strength oral tablet delayed release</i>                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin childrens</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec adult low strength</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec low dose</i>                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec low strength</i>                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec oral tablet delayed release 81 mg</i>                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low dose oral tablet chewable</i>                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low dose oral tablet delayed release</i>                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low strength</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin oral tablet chewable</i>                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>aspirin oral tablet delayed release 81 mg</i>                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>butorphanol tartrate nasal</i>                                                                                                                                                                                                          | T1        | QL (5 ML per 30 days)                                                                                                                                                                                                                       |
| <i>childrens aspirin</i>                                                                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>cvs aspirin adult low dose</i>                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>cvs aspirin adult low strength</i>                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i>                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>cvs aspirin low dose</i>                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>cvs aspirin low strength oral tablet delayed release</i>                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>dihydroergotamine mesylate nasal</i>                                                                                                                                                                                                    | T1        | QL (8 ML per 30 days)                                                                                                                                                                                                                       |
| <i>divalproex sodium er oral tablet extended release 24 hour</i>                                                                                                                                                                           | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>                                                                                                                                                                             | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>divalproex sodium oral tablet delayed release</i>                                                                                                                                                                                       | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>ec-naproxen</i>                                                                                                                                                                                                                         | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>eq aspirin adult low dose</i>                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>eq aspirin low dose oral tablet chewable</i>                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>eqi aspirin low dose</i>                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ergotamine-caffeine</i>                                                                                                                                                                                                                 | T1        | QL (40 EA per 30 days)                                                                                                                                                                                                                      |
| <i>gnp adult aspirin low strength oral tablet chewable</i>                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>gnp aspirin low dose</i>                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>goodsense aspirin adult low st</i>                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>goodsense aspirin low dose</i>                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>goodsense aspirin oral tablet chewable</i>                                                                                                                                                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>h-e-b aspirin</i>                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>hm aspirin ec low dose</i>                                                                                                                                                                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>hm aspirin oral tablet chewable</i>                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                                                                                                                                                        | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>ketoprofen oral capsule 25 mg, 75 mg</i>                                                                                                                                                                                                | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>kls aspirin low dose</i>                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>kp aspirin</i>                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>naproxen oral tablet</i>                                                                                                                                                                                                                | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>naproxen oral tablet delayed release</i>                                                                                                                                                                                                | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                                                                                                                                                          | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>propranolol hcl er</i>                                                                                                                                                                                                                  | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>propranolol hcl oral</i>                                                                                                                                                                                                                | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>px aspirin oral tablet chewable</i>                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i>                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>qc aspirin low dose</i>                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>qc childrens aspirin</i>                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>ra aspirin adult low dose</i>                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |

|                                                                                 |                                                                                                                                    | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                                                                  |
| <i>ra aspirin adult low strength oral tablet chewable</i>                       | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin childrens</i>                                                     | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin ec adult low st</i>                                               | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i>                          | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sb childrens aspirin</i>                                                     | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sb low dose asa ec</i>                                                       | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm aspirin adult low strength</i>                                            | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm aspirin ec low strength</i>                                               | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm aspirin low dose oral tablet chewable</i>                                 | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>sm childrens aspirin</i>                                                     | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                    |
| <i>timolol maleate oral</i>                                                     | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>topiramate oral</i>                                                          | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>valproic acid oral capsule</i>                                               | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>valproic acid oral solution</i>                                              | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <b>Antipsychotics, Miscellaneous</b>                                            |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>loxapine succinate oral</i>                                                  | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>pimozide</i>                                                                 | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>                              |                                                                                                                                    |                                                                                                                                                                                                                          |
| BELSOMRA                                                                        | T3                                                                                                                                 | ST                                                                                                                                                                                                                       |
| <i>buspirone hcl oral</i>                                                       | T1                                                                                                                                 |                                                                                                                                                                                                                          |
| DAYVIGO                                                                         | T3                                                                                                                                 | ST                                                                                                                                                                                                                       |
| <i>eszopiclone</i>                                                              | T1                                                                                                                                 | QL (30 EA per 30 days)                                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| HETLIOZ                                                                                                        | T4        | PA                                                                                                                                                                                     |
| HETLIOZ LQ                                                                                                     | T4        | PA                                                                                                                                                                                     |
| <i>hydroxyzine hcl oral syrup</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>hydroxyzine hcl oral tablet</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>hydroxyzine pamoate oral</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>meprobamate</i>                                                                                             | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                                                      | T1        |                                                                                                                                                                                        |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG                                                                           | T3        |                                                                                                                                                                                        |
| <i>ramelteon</i>                                                                                               | T1        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| <i>zaleplon</i>                                                                                                | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| <i>zolpidem tartrate er</i>                                                                                    | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| <i>zolpidem tartrate oral tablet</i>                                                                           | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| Atypical Antipsychotics                                                                                        |           |                                                                                                                                                                                        |
| ABILIFY ASIMTUFII                                                                                              | T4        | PA                                                                                                                                                                                     |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE                                                               | T4        | PA; QL (1 EA per 28 days)                                                                                                                                                              |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                                                     | T4        | PA; QL (1 EA per 28 days)                                                                                                                                                              |
| <i>aripiprazole oral solution</i>                                                                              | T1        | 90DS; QL (750 ML per 30 days); AL (Max 12 Years)                                                                                                                                       |
| <i>aripiprazole oral tablet</i>                                                                                | T1        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| <i>aripiprazole oral tablet dispersible</i>                                                                    | T1        | 90DS; QL (60 EA per 30 days); AL (Max 12 Years)                                                                                                                                        |
| ARISTADA INITIO                                                                                                | T4        | PA; QL (2.4 ML per 168 days)                                                                                                                                                           |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML                                                         | T4        | PA; QL (3.9 ML per 56 days)                                                                                                                                                            |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML                                                          | T4        | PA; QL (1.6 ML per 28 days)                                                                                                                                                            |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML                                                          | T4        | PA; QL (2.4 ML per 28 days)                                                                                                                                                            |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML                                                          | T4        | PA; QL (3.2 ML per 28 days)                                                                                                                                                            |
| <i>asenapine maleate</i>                                                                                       | T1        | ST; 90DS; QL (60 EA per 30 days)                                                                                                                                                       |
| CAPLYTA                                                                                                        | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| <i>clozapine oral tablet 100 mg</i>                                                                            | T1        | QL (270 EA per 30 days)                                                                                                                                                                |
| <i>clozapine oral tablet 200 mg</i>                                                                            | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>clozapine oral tablet 25 mg, 50 mg</i>                                                                      | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>clozapine oral tablet dispersible 100 mg</i>                                                                | T1        | QL (270 EA per 30 days)                                                                                                                                                                |
| <i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>                                                        | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>clozapine oral tablet dispersible 150 mg</i>                                                                | T1        | QL (180 EA per 30 days)                                                                                                                                                                |
| <i>clozapine oral tablet dispersible 200 mg</i>                                                                | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| FANAPT                                                                                                         | T3        | ST; QL (60 EA per 30 days)                                                                                                                                                             |
| FANAPT TITRATION PACK                                                                                          | T3        | ST                                                                                                                                                                                     |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML                                        | T4        | PA; QL (3.5 ML per 180 days)                                                                                                                                                           |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML                                          | T4        | PA; QL (5 ML per 180 days)                                                                                                                                                             |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML                                       | T4        | PA; QL (0.75 ML per 28 days)                                                                                                                                                           |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML                                           | T4        | PA; QL (1 ML per 28 days)                                                                                                                                                              |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML                                        | T4        | PA; QL (1.5 ML per 28 days)                                                                                                                                                            |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML                                        | T4        | PA; QL (0.25 ML per 28 days)                                                                                                                                                           |

|                                                                                          |           | Requirements and Limits                                                                                                                                                                |
|------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                                                                |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML                   | T4        | PA; QL (0.5 ML per 28 days)                                                                                                                                                            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML                   | T4        | PA; QL (0.88 ML per 84 days)                                                                                                                                                           |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML                   | T4        | PA; QL (1.32 ML per 84 days)                                                                                                                                                           |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML                   | T4        | PA; QL (1.75 ML per 84 days)                                                                                                                                                           |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML                   | T4        | PA; QL (2.63 ML per 84 days)                                                                                                                                                           |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                            | T1        | ST; 90DS; QL (30 EA per 30 days)                                                                                                                                                       |
| <i>lurasidone hcl oral tablet 80 mg</i>                                                  | T1        | ST; 90DS; QL (60 EA per 30 days)                                                                                                                                                       |
| NUPLAZID ORAL CAPSULE                                                                    | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| NUPLAZID ORAL TABLET 10 MG                                                               | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| <i>olanzapine oral</i>                                                                   | T1        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>           | T1        | ST; 90DS; QL (30 EA per 30 days)                                                                                                                                                       |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>                         | T1        | ST; 90DS; QL (60 EA per 30 days)                                                                                                                                                       |
| PERSERIS                                                                                 | T4        | PA; QL (1 EA per 28 days)                                                                                                                                                              |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>        | T1        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                    | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>                                      | T1        | 90DS; QL (90 EA per 30 days)                                                                                                                                                           |
| REXULTI                                                                                  | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                                                     | T4        | PA; QL (2 EA per 28 days)                                                                                                                                                              |
| <i>risperidone oral solution</i>                                                                               | T1        | 90DS; QL (480 ML per 30 days)                                                                                                                                                          |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                     | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>risperidone oral tablet 3 mg, 4 mg</i>                                                                      | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                         | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>risperidone oral tablet dispersible 3 mg, 4 mg</i>                                                          | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| SECUADO                                                                                                        | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| UZEDY                                                                                                          | T4        | PA                                                                                                                                                                                     |
| VERSACLOZ                                                                                                      | T3        | QL (540 ML per 30 days)                                                                                                                                                                |
| VRAYLAR ORAL CAPSULE                                                                                           | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| VRAYLAR ORAL CAPSULE THERAPY PACK                                                                              | T3        | ST; QL (14 EA per 365 days)                                                                                                                                                            |
| <i>ziprasidone hcl</i>                                                                                         | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG                                         | T4        | PA; QL (2 EA per 28 days)                                                                                                                                                              |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG                                                 | T4        | PA; QL (1 EA per 28 days)                                                                                                                                                              |
| Barbiturates (Anticonvulsants)                                                                                 |           |                                                                                                                                                                                        |
| <i>phenobarbital oral elixir</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>phenobarbital oral tablet</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                                     | T1        | 90DS                                                                                                                                                                                   |
| Barbiturates (Anxiolytic, Sedative/Hyp)                                                                        |           |                                                                                                                                                                                        |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                                          | T1        | QL (36 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                                                   | T1        | QL (18 EA per 30 days); AL (Min 18 Years)                                                                                                                                              |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>                                                       | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>                                                        | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-asa-cafeine</i>                                                                                  | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-aspirin-cafeine oral capsule</i>                                                                 | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>phenobarbital oral elixir</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>phenobarbital oral tablet</i>                                                                               | T1        |                                                                                                                                                                                        |
| <b>Benzodiazepines (Anticonvulsants)</b>                                                                       |           |                                                                                                                                                                                        |
| <i>clobazam oral suspension</i>                                                                                | T1        | QL (480 ML per 30 days)                                                                                                                                                                |
| <i>clobazam oral tablet</i>                                                                                    | T1        | QL (60 EA per 30 days)                                                                                                                                                                 |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                                                     | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>clonazepam oral tablet 2 mg</i>                                                                             | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>                                      | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>clonazepam oral tablet dispersible 2 mg</i>                                                                 | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                                                               | T1        | QL (180 EA per 30 days)                                                                                                                                                                |
| <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>                                                     | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| DIASTAT ACUDIAL                                                                                                | T3        |                                                                                                                                                                                        |
| DIASTAT PEDIATRIC                                                                                              | T3        |                                                                                                                                                                                        |
| <i>diazepam oral concentrate</i>                                                                               | T1        | QL (240 ML per 30 days)                                                                                                                                                                |
| <i>diazepam oral solution 5 mg/5ml</i>                                                                         | T1        | QL (1200 ML per 30 days)                                                                                                                                                               |
| <i>diazepam oral tablet</i>                                                                                    | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>diazepam rectal</i>                                                                                         | T1        |                                                                                                                                                                                        |
| <i>lorazepam oral concentrate</i>                                                                              | T1        | QL (150 ML per 30 days)                                                                                                                                                                |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                                                                      | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>lorazepam oral tablet 2 mg</i>                                                                              | T1        | QL (150 EA per 30 days)                                                                                                                                                                |
| NAYZILAM                                                                                                       | T3        | QL (10 EA per 30 days)                                                                                                                                                                 |
| SYMPAZAN                                                                                                       | T3        | ST; QL (60 EA per 30 days)                                                                                                                                                             |
| VALTOCO 10 MG DOSE                                                                                             | T3        | QL (10 EA per 30 days)                                                                                                                                                                 |
| VALTOCO 15 MG DOSE                                                                                             | T3        | QL (10 EA per 30 days)                                                                                                                                                                 |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| VALTOCO 20 MG DOSE                                                                                             | T3        | QL (10 EA per 30 days)                                                                                                                                                                 |
| VALTOCO 5 MG DOSE                                                                                              | T3        | QL (10 EA per 30 days)                                                                                                                                                                 |
| <b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>                                                               |           |                                                                                                                                                                                        |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                                                            | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>alprazolam oral tablet 2 mg</i>                                                                             | T1        | QL (150 EA per 30 days)                                                                                                                                                                |
| <i>chlordiazepoxide hcl oral capsule 10 mg</i>                                                                 | T1        | QL (270 EA per 30 days)                                                                                                                                                                |
| <i>chlordiazepoxide hcl oral capsule 25 mg</i>                                                                 | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>chlordiazepoxide hcl oral capsule 5 mg</i>                                                                  | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>chlordiazepoxide-amitriptyline</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>clobazam oral suspension</i>                                                                                | T1        | QL (480 ML per 30 days)                                                                                                                                                                |
| <i>clobazam oral tablet</i>                                                                                    | T1        | QL (60 EA per 30 days)                                                                                                                                                                 |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                                                     | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>clonazepam oral tablet 2 mg</i>                                                                             | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>                                      | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>clonazepam oral tablet dispersible 2 mg</i>                                                                 | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                                                               | T1        | QL (180 EA per 30 days)                                                                                                                                                                |
| <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>                                                     | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| DIASTAT ACUDIAL                                                                                                | T3        |                                                                                                                                                                                        |
| DIASTAT PEDIATRIC                                                                                              | T3        |                                                                                                                                                                                        |
| <i>diazepam oral concentrate</i>                                                                               | T1        | QL (240 ML per 30 days)                                                                                                                                                                |
| <i>diazepam oral solution 5 mg/5ml</i>                                                                         | T1        | QL (1200 ML per 30 days)                                                                                                                                                               |
| <i>diazepam oral tablet</i>                                                                                    | T1        | QL (120 EA per 30 days)                                                                                                                                                                |
| <i>diazepam rectal</i>                                                                                         | T1        |                                                                                                                                                                                        |
| <i>estazolam</i>                                                                                               | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| <i>lorazepam oral concentrate</i>                                                                              | T1        | QL (150 ML per 30 days)                                                                                                                                                                |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                                                                      | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>lorazepam oral tablet 2 mg</i>                                                                              | T1        | QL (150 EA per 30 days)                                                                                                                                                                |
| <i>oxazepam</i>                                                                                                | T1        | QL (120 EA per 30 days)                                                                                                                                                                |

|                                                                                                                                                   |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                                                         |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                                    |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                         | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>quazepam</i>                                                                                                                                   | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| SYMPAZAN                                                                                                                                          | T3        | ST; QL (60 EA per 30 days)                                                                                                                                                             |
| <i>temazepam</i>                                                                                                                                  | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| <i>triazolam</i>                                                                                                                                  | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| Butyrophenones                                                                                                                                    |           |                                                                                                                                                                                        |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                                                             | T1        |                                                                                                                                                                                        |
| <i>haloperidol lactate oral</i>                                                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>haloperidol oral</i>                                                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| Calcitonin Gene-Related Peptide Antag.                                                                                                            |           |                                                                                                                                                                                        |
| AIMOVIG                                                                                                                                           | T3        | PA                                                                                                                                                                                     |
| EMGALITY                                                                                                                                          | T2        | PA                                                                                                                                                                                     |
| EMGALITY (300 MG DOSE)                                                                                                                            | T2        | PA                                                                                                                                                                                     |
| NURTEC                                                                                                                                            | T3        | PA; QL (8 EA per 30 days)                                                                                                                                                              |
| QULIPTA                                                                                                                                           | T3        | PA                                                                                                                                                                                     |
| UBRELVIY                                                                                                                                          | T2        | ST; QL (16 EA per 30 days)                                                                                                                                                             |
| Catechol-O-Methyltransferase(Comt)Inhib.                                                                                                          |           |                                                                                                                                                                                        |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | T1        | 90DS                                                                                                                                                                                   |
| <i>entacapone</i>                                                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| ONGENTYS ORAL CAPSULE 50 MG                                                                                                                       | T3        | PA                                                                                                                                                                                     |
| <i>tolcapone</i>                                                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| Central Nervous System Agents, Misc.                                                                                                              |           |                                                                                                                                                                                        |
| <i>acamprosate calcium</i>                                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>atomoxetine hcl</i>                                                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>guanfacine hcl er</i>                                                                                                                          | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                                                   |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                                                         |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                                    |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                         | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>guanfacine hcl oral</i>                                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>memantine hcl er</i>                                                                                                                           | T1        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>                                                                                       | T1        |                                                                                                                                                                                        |
| NUEDEXTA                                                                                                                                          | T3        | PA                                                                                                                                                                                     |
| RADICAVA ORS                                                                                                                                      | T4        | PA                                                                                                                                                                                     |
| RADICAVA ORS STARTER KIT                                                                                                                          | T4        | PA                                                                                                                                                                                     |
| <i>riluzole</i>                                                                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>sodium oxybate</i>                                                                                                                             | T4        | PA                                                                                                                                                                                     |
| VYNDAMAX                                                                                                                                          | T4        | PA                                                                                                                                                                                     |
| XYWAV                                                                                                                                             | T4        | PA                                                                                                                                                                                     |
| Cyclooxygenase-2 (Cox-2) Inhibitors                                                                                                               |           |                                                                                                                                                                                        |
| <i>celecoxib oral</i>                                                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| Dopamine Precursors                                                                                                                               |           |                                                                                                                                                                                        |
| <i>carbidopa oral</i>                                                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>carbidopa-levodopa</i>                                                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | T1        | 90DS                                                                                                                                                                                   |
| Ergot-Deriv. Dopamine Receptor Agonists                                                                                                           |           |                                                                                                                                                                                        |
| <i>bromocriptine mesylate oral</i>                                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>cabergoline</i>                                                                                                                                | T1        |                                                                                                                                                                                        |
| Fibromyalgia Agents                                                                                                                               |           |                                                                                                                                                                                        |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>                                                                  | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>                                     | T1        | 90DS; QL (90 EA per 30 days)                                                                                                                                                           |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                                                                  | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>pregabalin oral solution</i>                                                                                | T1        | 90DS; QL (900 ML per 30 days)                                                                                                                                                          |
| SAVELLA                                                                                                        | T3        |                                                                                                                                                                                        |
| SAVELLA TITRATION PACK                                                                                         | T3        |                                                                                                                                                                                        |
| Hydantoins                                                                                                     |           |                                                                                                                                                                                        |
| DILANTIN ORAL CAPSULE 30 MG                                                                                    | T3        |                                                                                                                                                                                        |
| PHENYTEK                                                                                                       | T3        |                                                                                                                                                                                        |
| <i>phenytoin oral</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>phenytoin sodium extended</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| Monoamine Oxidase B Inhibitors                                                                                 |           |                                                                                                                                                                                        |
| EMSAM                                                                                                          | T3        |                                                                                                                                                                                        |
| <i>rasagiline mesylate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>selegiline hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| XADAGO                                                                                                         | T3        | PA                                                                                                                                                                                     |
| Monoamine Oxidase Inhibitors                                                                                   |           |                                                                                                                                                                                        |
| EMSAM                                                                                                          | T3        |                                                                                                                                                                                        |
| MARPLAN                                                                                                        | T3        |                                                                                                                                                                                        |
| <i>phenelzine sulfate oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>rasagiline mesylate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>selegiline hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>tranylcypromine sulfate</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| XADAGO                                                                                                         | T3        | PA                                                                                                                                                                                     |
| Nonergot-Deriv.Dopamine Receptor Agonist                                                                       |           |                                                                                                                                                                                        |
| <i>apomorphine hcl subcutaneous</i>                                                                            | T4        | PA                                                                                                                                                                                     |
| NEUPRO                                                                                                         | T3        |                                                                                                                                                                                        |
| <i>pramipexole dihydrochloride</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>pramipexole dihydrochloride er</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>ropinirole hcl</i>                                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>ropinirole hcl er</i>                                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <b>Opiate Agonists</b>                                                                                                             |           |                                                                                                                                                                                        |
| <i>acetaminophen-codeine oral solution</i>                                                                                         | T1        | QL (4500 ML per 30 days); AL (Min 18 Years)                                                                                                                                            |
| <i>acetaminophen-codeine oral tablet</i>                                                                                           | T1        | QL (180 EA per 30 days); AL (Min 18 Years)                                                                                                                                             |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                                                                       | T1        | QL (18 EA per 30 days); AL (Min 18 Years)                                                                                                                                              |
| <i>carisoprodol-aspirin-codeine</i>                                                                                                | T1        | ST; QL (168 EA per 21 days); AL (Min 18 Years)                                                                                                                                         |
| <i>codeine sulfate oral tablet</i>                                                                                                 | T1        | PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 150 Years)                                                                                                                       |
| <i>fentanyl</i>                                                                                                                    | T1        | PA; QL (10 EA per 30 days)                                                                                                                                                             |
| <i>fentanyl citrate buccal lozenge on a handle</i>                                                                                 | T4        | PA                                                                                                                                                                                     |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>                                                            | T1        | PA                                                                                                                                                                                     |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                                                       | T1        |                                                                                                                                                                                        |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                                           | T1        |                                                                                                                                                                                        |
| <i>hydromorphone hcl er oral tablet extended release 24 hour</i>                                                                   | T1        | PA                                                                                                                                                                                     |
| <i>hydromorphone hcl oral tablet</i>                                                                                               | T1        |                                                                                                                                                                                        |
| <i>levorphanol tartrate oral</i>                                                                                                   | T1        | PA                                                                                                                                                                                     |
| <i>meperidine hcl oral tablet 50 mg</i>                                                                                            | T1        | QL (180 EA per 30 days)                                                                                                                                                                |
| <i>methadone hcl oral solution</i>                                                                                                 | T1        | PA                                                                                                                                                                                     |
| <i>methadone hcl oral tablet</i>                                                                                                   | T1        | PA                                                                                                                                                                                     |
| <i>morphine sulfate er oral tablet extended release</i>                                                                            | T1        | PA                                                                                                                                                                                     |
| <i>morphine sulfate oral tablet</i>                                                                                                | T1        |                                                                                                                                                                                        |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>                                                                     | T1        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>oxycodone hcl oral solution</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>oxycodone hcl oral tablet</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                         | T1        |                                                                                                                                                                                        |
| <i>oxymorphone hcl</i>                                                                                         | T1        |                                                                                                                                                                                        |
| <i>oxymorphone hcl er</i>                                                                                      | T1        | PA                                                                                                                                                                                     |
| <i>tramadol hcl er</i>                                                                                         | T1        | PA                                                                                                                                                                                     |
| <i>tramadol hcl oral tablet 50 mg</i>                                                                          | T1        | QL (240 EA per 30 days)                                                                                                                                                                |
| <i>tramadol-acetaminophen</i>                                                                                  | T1        | QL (40 EA per 5 days)                                                                                                                                                                  |
| Opiate Antagonists                                                                                             |           |                                                                                                                                                                                        |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>                                                  | T1        | QL (60 EA per 30 days)                                                                                                                                                                 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>                                 | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>                                             | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| KLOXXADO                                                                                                       | T3        | ST                                                                                                                                                                                     |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>naloxone hcl injection solution cartridge</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>naloxone hcl injection solution prefilled syringe</i>                                                       | T1        |                                                                                                                                                                                        |
| <i>naloxone hcl nasal</i>                                                                                      | T1        |                                                                                                                                                                                        |
| <i>naltrexone hcl oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>pentazocine-naloxone hcl</i>                                                                                | T1        |                                                                                                                                                                                        |
| RELISTOR ORAL                                                                                                  | T3        | PA                                                                                                                                                                                     |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML                                                         | T3        | PA                                                                                                                                                                                     |
| Opiate Partial Agonists                                                                                        |           |                                                                                                                                                                                        |
| <i>buprenorphine hcl sublingual</i>                                                                            | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>                                                  | T1        | QL (60 EA per 30 days)                                                                                                                                                                 |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>                                 | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>                                             | T1        | QL (90 EA per 30 days)                                                                                                                                                                 |
| <i>buprenorphine transdermal</i>                                                                               | T1        | PA; QL (4 EA per 28 days)                                                                                                                                                              |
| <i>butorphanol tartrate nasal</i>                                                                              | T1        | QL (5 ML per 30 days)                                                                                                                                                                  |
| <i>pentazocine-naloxone hcl</i>                                                                                | T1        |                                                                                                                                                                                        |
| Orexin Receptor Antagonists                                                                                    |           |                                                                                                                                                                                        |
| BELSOMRA                                                                                                       | T3        | ST                                                                                                                                                                                     |
| DAYVIGO                                                                                                        | T3        | ST                                                                                                                                                                                     |
| Other Nonsteroidal Anti-Inflam. Agents                                                                         |           |                                                                                                                                                                                        |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>diclofenac sodium er</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>diclofenac sodium oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>diclofenac-misoprostol oral tablet delayed release</i>                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>diflunisal oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>ec-naproxen</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>etodolac er</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>etodolac oral</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>fenoprofen calcium oral tablet</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>flurbiprofen oral</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                       | T1        |                                                                                                                                                                                        |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>indomethacin er</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>ketoprofen oral capsule 25 mg, 75 mg</i>                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>ketorolac tromethamine oral</i>                                                                             | T1        | QL (20 EA per 30 days)                                                                                                                                                                 |
| <i>meclofenamate sodium oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>mefenamic acid oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>meloxicam oral tablet</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>nabumetone oral</i>                                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>naproxen oral tablet</i>                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>naproxen oral tablet delayed release</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>oxaprozin</i>                                                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>piroxicam oral</i>                                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>sulindac oral</i>                                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <b>Phenothiazines</b>                                                                                                              |           |                                                                                                                                                                                        |
| <i>chlorpromazine hcl oral concentrate</i>                                                                                         | T1        | 90DS; AL (Max 12 Years)                                                                                                                                                                |
| <i>chlorpromazine hcl oral tablet</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>fluphenazine decanoate injection</i>                                                                                            | T1        |                                                                                                                                                                                        |
| <i>fluphenazine hcl oral</i>                                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>perphenazine oral</i>                                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>perphenazine-amitriptyline</i>                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>prochlorperazine</i>                                                                                                            | T1        |                                                                                                                                                                                        |
| <i>prochlorperazine maleate oral</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>thioridazine hcl oral</i>                                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>trifluoperazine hcl oral</i>                                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Respiratory And Cns Stimulants</b>                                                                                              |           |                                                                                                                                                                                        |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                                                                       | T1        | QL (18 EA per 30 days); AL (Min 18 Years)                                                                                                                                              |
| <i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>                                                                           | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>                                                                            | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-asa-cafeine</i>                                                                                                      | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>butalbital-aspirin-cafeine oral capsule</i>                                                                                     | T1        | QL (18 EA per 30 days)                                                                                                                                                                 |
| <i>dexmethylphenidate hcl er</i>                                                                                                   | T1        | ST; QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                          |
| <i>dexmethylphenidate hcl oral tablet 10 mg</i>                                                                                    | T1        | QL (60 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>                                                                             | T1        | QL (90 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>ergotamine-caffeine</i>                                                                                                         | T1        | QL (40 EA per 30 days)                                                                                                                                                                 |
| <i>methylphenidate hcl er</i>                                                                                                      | T1        | QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl er (cd)</i>                                                                                                 | T1        | QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl er (la)</i>                                                                                                 | T1        | QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>                                        | T1        | QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>                                                             | T1        | QL (60 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl er (xr)</i>                                                                                                 | T1        | QL (30 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i>                                                                                 | T1        | QL (900 ML per 30 days); AL (Max 21 Years)                                                                                                                                             |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i>                                                                                  | T1        | QL (450 ML per 30 days); AL (Max 21 Years)                                                                                                                                             |
| <i>methylphenidate hcl oral tablet</i>                                                                                             | T1        | QL (90 EA per 30 days); AL (Max 21 Years)                                                                                                                                              |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i>                                                                              | T1        | ST; QL (180 EA per 30 days); AL (Max 21 Years)                                                                                                                                         |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>                                                                       | T1        | ST; QL (90 EA per 30 days); AL (Max 21 Years)                                                                                                                                          |
| <i>theophylline</i>                                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>                                                         | T1        |                                                                                                                                                                                        |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 24 hour</i>                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <b>Salicylates</b>                                                                                                                 |           |                                                                                                                                                                                        |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| <i>adult aspirin regimen</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin 81 oral tablet chewable</i>                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin adult low dose</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin adult low strength oral tablet delayed release</i>                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin childrens</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec adult low strength</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec low dose</i>                                                      | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec low strength</i>                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin ec oral tablet delayed release 81 mg</i>                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low dose oral tablet chewable</i>                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low dose oral tablet delayed release</i>                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin low strength</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin oral tablet chewable</i>                                             | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin oral tablet delayed release 81 mg</i>                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>aspirin-dipyridamole er</i>                                                  | T1        | 90DS                                                                                                                               |                                                                                                                                                                                                                          |
| <i>butalbital-asa-caffeine</i>                                                  | T1        | QL (18 EA per 30 days)                                                                                                             |                                                                                                                                                                                                                          |
| <i>butalbital-aspirin-caffeine oral capsule</i>                                 | T1        | QL (18 EA per 30 days)                                                                                                             |                                                                                                                                                                                                                          |
| <i>carisoprodol-aspirin-codeine</i>                                             | T1        | ST; QL (168 EA per 21 days); AL (Min 18 Years)                                                                                     |                                                                                                                                                                                                                          |
| <i>childrens aspirin</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>cvs aspirin adult low dose</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin adult low strength</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i>                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>cvs aspirin low strength oral tablet delayed release</i>                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin adult low dose</i>                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin low dose oral tablet chewable</i>                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>eq aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp adult aspirin low strength oral tablet chewable</i>                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin adult low st</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin low dose</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>goodsense aspirin oral tablet chewable</i>                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>h-e-b aspirin</i>                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>hm aspirin ec low dose</i>                                                            | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>hm aspirin oral tablet chewable</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>kls aspirin low dose</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>kp aspirin</i>                                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>px aspirin oral tablet chewable</i>                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i>                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>qc aspirin low dose</i>                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>qc childrens aspirin</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>ra aspirin adult low dose</i>                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>ra aspirin adult low strength oral tablet chewable</i>                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>ra aspirin childrens</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>ra aspirin ec adult low st</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i>                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>sb childrens aspirin</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>sb low dose asa ec</i>                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>sm aspirin adult low strength</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>sm aspirin ec low strength</i>                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>sm aspirin low dose oral tablet chewable</i>                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>sm childrens aspirin</i>                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |

|                                                                                         |                                                                                    | Requirements and Limits                                                                                     |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| lowercase italics = Generic drugs<br>UPPERCASE = Brand name drugs                       | Drug Tier                                                                          | 90DS = 90 Day Supply Eligible                                                                               |
|                                                                                         | T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty | AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
| Drug Name                                                                               | Drug Tier                                                                          | Requirements and Limits                                                                                     |
| <b>Sel.Serotonin,Norepi Reuptake Inhibitor</b>                                          |                                                                                    |                                                                                                             |
| <i>desvenlafaxine succinate er</i>                                                      | T1                                                                                 | 90DS                                                                                                        |
| DRIZALMA SPRINKLE                                                                       | T3                                                                                 |                                                                                                             |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>        | T1                                                                                 | 90DS                                                                                                        |
| FETZIMA                                                                                 | T3                                                                                 |                                                                                                             |
| FETZIMA TITRATION                                                                       | T3                                                                                 |                                                                                                             |
| SAVELLA                                                                                 | T3                                                                                 |                                                                                                             |
| SAVELLA TITRATION PACK                                                                  | T3                                                                                 |                                                                                                             |
| <i>venlafaxine hcl</i>                                                                  | T1                                                                                 | 90DS                                                                                                        |
| <i>venlafaxine hcl er</i>                                                               | T1                                                                                 | 90DS                                                                                                        |
| <b>Selective Serotonin Agonists</b>                                                     |                                                                                    |                                                                                                             |
| <i>almotriptan malate</i>                                                               | T1                                                                                 | ST; QL (8 EA per 30 days)                                                                                   |
| <i>eletriptan hydrobromide</i>                                                          | T1                                                                                 | ST; QL (8 EA per 30 days)                                                                                   |
| <i>frovatriptan succinate</i>                                                           | T1                                                                                 | ST; QL (9 EA per 30 days)                                                                                   |
| <i>naratriptan hcl</i>                                                                  | T1                                                                                 | ST; QL (9 EA per 30 days)                                                                                   |
| <i>rizatriptan benzoate</i>                                                             | T1                                                                                 | QL (8 EA per 30 days)                                                                                       |
| <i>sumatriptan nasal</i>                                                                | T1                                                                                 | ST; QL (12 EA per 30 days)                                                                                  |
| <i>sumatriptan succinate oral</i>                                                       | T1                                                                                 | QL (9 EA per 30 days)                                                                                       |
| <i>sumatriptan succinate refill subcutaneous solution cartridge</i>                     | T1                                                                                 | ST; QL (4 ML per 30 days)                                                                                   |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                           | T1                                                                                 | ST; QL (4 ML per 30 days)                                                                                   |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | T1                                                                                 | ST; QL (4 ML per 30 days)                                                                                   |
| <i>zolmitriptan oral tablet</i>                                                         | T1                                                                                 | ST; QL (8 EA per 30 days)                                                                                   |
| <b>Selective-Serotonin Reuptake Inhibitors</b>                                          |                                                                                    |                                                                                                             |
| <i>citalopram hydrobromide oral solution</i>                                            | T1                                                                                 | 90DS                                                                                                        |
| <i>citalopram hydrobromide oral tablet</i>                                              | T1                                                                                 | 90DS                                                                                                        |
| <i>escitalopram oxalate oral solution</i>                                               | T1                                                                                 | 90DS; AL (Max 12 Years)                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>escitalopram oxalate oral tablet</i>                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>fluoxetine hcl (pmdd) oral tablet</i>                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>fluoxetine hcl oral capsule</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>fluoxetine hcl oral capsule delayed release</i>                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>fluoxetine hcl oral solution</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>fluvoxamine maleate</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>paroxetine hcl er</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>paroxetine hcl oral tablet</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| PAXIL ORAL SUSPENSION                                                                                          | T3        |                                                                                                                                                                                        |
| <i>sertraline hcl oral concentrate</i>                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>sertraline hcl oral tablet</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| Serotonin Modulators                                                                                           |           |                                                                                                                                                                                        |
| <i>nefazodone hcl</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>trazodone hcl oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| TRINTELLIX                                                                                                     | T3        |                                                                                                                                                                                        |
| VIIBRYD STARTER PACK                                                                                           | T3        |                                                                                                                                                                                        |
| <i>vilazodone hcl</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| Succinimides                                                                                                   |           |                                                                                                                                                                                        |
| CELONTIN                                                                                                       | T3        |                                                                                                                                                                                        |
| <i>ethosuximide oral</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| Thioxanthenes                                                                                                  |           |                                                                                                                                                                                        |
| <i>thiothixene oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| Tricyclics, Other Norepi-Ru Inhibitors                                                                         |           |                                                                                                                                                                                        |
| <i>amitriptyline hcl oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>amoxapine</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>chlordiazepoxide-amitriptyline</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>clomipramine hcl oral</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>desipramine hcl oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>doxepin hcl oral capsule</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>doxepin hcl oral concentrate</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>doxepin hcl oral tablet</i>                                                                                 | T1        | QL (30 EA per 30 days)                                                                                                                                                                 |
| <i>imipramine hcl oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>imipramine pamoate</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>nortriptyline hcl oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>perphenazine-amitriptyline</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>protriptyline hcl</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>trimipramine maleate oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| Vesicular Monoamine Transport2 Inhibitor                                                                       |           |                                                                                                                                                                                        |
| AUSTEDO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| AUSTEDO PATIENT TITRATION KIT                                                                                  | T4        | PA                                                                                                                                                                                     |
| AUSTEDO XR                                                                                                     | T4        | PA                                                                                                                                                                                     |
| AUSTEDO XR PATIENT TITRATION                                                                                   | T4        | PA                                                                                                                                                                                     |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG                                                                             | T4        | PA                                                                                                                                                                                     |
| INGREZZA ORAL CAPSULE THERAPY PACK                                                                             | T4        | PA                                                                                                                                                                                     |
| <i>tetrabenazine</i>                                                                                           | T1        | PA; 90DS                                                                                                                                                                               |
| Wakefulness-Promoting Agents                                                                                   |           |                                                                                                                                                                                        |
| <i>armodafinil</i>                                                                                             | T1        | PA                                                                                                                                                                                     |
| <i>modafinil</i>                                                                                               | T1        | PA                                                                                                                                                                                     |
| SUNOSI                                                                                                         | T3        | PA                                                                                                                                                                                     |
| Devices                                                                                                        |           |                                                                                                                                                                                        |
| Devices                                                                                                        |           |                                                                                                                                                                                        |
| ACCU-CHEK AVIVA IN VITRO SOLUTION                                                                              | T1        |                                                                                                                                                                                        |
| ACCU-CHEK FASTCLIX LANCET                                                                                      | T1        |                                                                                                                                                                                        |
| ACCU-CHEK FASTCLIX LANCETS                                                                                     | T1        |                                                                                                                                                                                        |
| ACCU-CHEK GUIDE                                                                                                | T1        |                                                                                                                                                                                        |
| ACCU-CHEK GUIDE CONTROL                                                                                        | T1        |                                                                                                                                                                                        |
| ACCU-CHEK GUIDE ME                                                                                             | T1        |                                                                                                                                                                                        |
| ACCU-CHEK SMARTVIEW CONTROL                                                                                    | T1        |                                                                                                                                                                                        |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT                                                                                                                                                                                                          | T1        |                                                                                                                                                                                                                                             |
| ACCU-CHEK SOFTCLIX LANCETS                                                                                                                                                                                                                 | T1        |                                                                                                                                                                                                                                             |
| <i>alcohol pad , 70 %</i>                                                                                                                                                                                                                  | T1        |                                                                                                                                                                                                                                             |
| ALCOHOL PAD , 70 %                                                                                                                                                                                                                         | T1        |                                                                                                                                                                                                                                             |
| BD AUTOSHIELD DUO                                                                                                                                                                                                                          | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 1/2UNIT                                                                                                                                                                                                             | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML                                                                                                                                                                                                   | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML                                                                                                                                                                                                   | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML                                                                                                                                                                                                     | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML                                                                                                                                                                                                  | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML                                                                                                                                                                                                  | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML                                                                                                                                                                                                    | T1        |                                                                                                                                                                                                                                             |
| BD INSULIN SYRINGE U-500                                                                                                                                                                                                                   | T1        |                                                                                                                                                                                                                                             |
| BD PEN NEEDLE MICRO U/F                                                                                                                                                                                                                    | T1        |                                                                                                                                                                                                                                             |
| BD PEN NEEDLE MINI U/F                                                                                                                                                                                                                     | T1        |                                                                                                                                                                                                                                             |
| BD PEN NEEDLE NANO 2ND GEN                                                                                                                                                                                                                 | T1        |                                                                                                                                                                                                                                             |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)                                                                                                                                                                                                    | T1        |                                                                                                                                                                                                                                             |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM                                                                                                                                                                                                    | T1        |                                                                                                                                                                                                                                             |
| BD PEN NEEDLE SHORT U/F                                                                                                                                                                                                                    | T1        |                                                                                                                                                                                                                                             |
| BD VEO INSULIN SYR U/F 1/2UNIT                                                                                                                                                                                                             | T1        |                                                                                                                                                                                                                                             |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML                                                                                                                                                                                             | T1        |                                                                                                                                                                                                                                             |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML                                                                                                                                                                                             | T1        |                                                                                                                                                                                                                                             |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML                                                                                                                                                                                               | T1        |                                                                                                                                                                                                                                             |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| DEXCOM G6 RECEIVER                                                                                             | T2        | ST; QL (1 EA per 365 days)                                                                                                                                                             |
| DEXCOM G6 SENSOR                                                                                               | T2        | ST; QL (3 EA per 30 days)                                                                                                                                                              |
| DEXCOM G6 TRANSMITTER                                                                                          | T2        | ST; QL (1 EA per 90 days)                                                                                                                                                              |
| DEXCOM G7 RECEIVER                                                                                             | T2        | ST; QL (1 EA per 365 days)                                                                                                                                                             |
| DEXCOM G7 SENSOR                                                                                               | T2        | ST; QL (3 EA per 30 days)                                                                                                                                                              |
| FREESTYLE LIBRE 14 DAY READER                                                                                  | T2        | ST; QL (1 EA per 365 days)                                                                                                                                                             |
| FREESTYLE LIBRE 14 DAY SENSOR                                                                                  | T2        | ST; QL (2 EA per 28 days)                                                                                                                                                              |
| FREESTYLE LIBRE 2 READER                                                                                       | T2        | ST; QL (1 EA per 365 days)                                                                                                                                                             |
| FREESTYLE LIBRE 2 SENSOR                                                                                       | T2        | ST; QL (2 EA per 28 days)                                                                                                                                                              |
| FREESTYLE LIBRE 3 SENSOR                                                                                       | T2        | ST; QL (2 EA per 28 days)                                                                                                                                                              |
| FREESTYLE LIBRE READER                                                                                         | T2        |                                                                                                                                                                                        |
| <i>gauze pad 2"x2"</i>                                                                                         | T1        |                                                                                                                                                                                        |
| GAUZE PAD 2"X2"                                                                                                | T1        |                                                                                                                                                                                        |
| OMNIPOD 5 G6 INTRO (GEN 5)                                                                                     | T2        | QL (1 EA per 730 days)                                                                                                                                                                 |
| OMNIPOD 5 G6 POD (GEN 5)                                                                                       | T2        |                                                                                                                                                                                        |
| OMNIPOD DASH PDM (GEN 4)                                                                                       | T2        | QL (1 EA per 730 days)                                                                                                                                                                 |
| OMNIPOD DASH PODS (GEN 4)                                                                                      | T2        |                                                                                                                                                                                        |
| OPTICHAMBER DIAMOND                                                                                            | T2        | QL (2 EA per 365 days); AL (Max 12 Years)                                                                                                                                              |
| OPTICHAMBER DIAMOND-LG MASK                                                                                    | T2        | QL (2 EA per 365 days); AL (Max 12 Years)                                                                                                                                              |
| OPTICHAMBER DIAMOND-MD MASK                                                                                    | T2        | QL (2 EA per 365 days); AL (Max 12 Years)                                                                                                                                              |
| OPTICHAMBER DIAMOND-SM MASK                                                                                    | T2        | QL (2 EA per 365 days); AL (Max 12 Years)                                                                                                                                              |
| Diagnostic Agents                                                                                              |           |                                                                                                                                                                                        |
| Adrenocortical Insufficiency                                                                                   |           |                                                                                                                                                                                        |
| ACTHAR                                                                                                         | T4        | PA                                                                                                                                                                                     |
| CORTROPHIN                                                                                                     | T4        | PA                                                                                                                                                                                     |
| Diabetes Mellitus                                                                                              |           |                                                                                                                                                                                        |
| ACCU-CHEK AVIVA PLUS IN VITRO                                                                                  | T1        |                                                                                                                                                                                        |
| ACCU-CHEK GUIDE IN VITRO                                                                                       | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| ACCU-CHEK SMARTVIEW                                                                                            | T1        |                                                                                                                                                                                        |
| Thyroid Function                                                                                               |           |                                                                                                                                                                                        |
| THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG                                                           | T4        |                                                                                                                                                                                        |
| Electrolytic, Caloric, And Water Balance                                                                       |           |                                                                                                                                                                                        |
| Alkalinizing Agents                                                                                            |           |                                                                                                                                                                                        |
| <i>potassium citrate er</i>                                                                                    | T1        |                                                                                                                                                                                        |
| Ammonia Detoxicants                                                                                            |           |                                                                                                                                                                                        |
| <i>carglumic acid oral tablet soluble</i>                                                                      | T4        |                                                                                                                                                                                        |
| <i>constulose</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>enulose</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>generlac</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>lactulose encephalopathy</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>lactulose oral solution</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| Carbonic Anhydrase Inhibitors                                                                                  |           |                                                                                                                                                                                        |
| <i>acetazolamide er</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>acetazolamide oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Diuretics, Miscellaneous                                                                                       |           |                                                                                                                                                                                        |
| <i>theophylline</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>                                     | T1        |                                                                                                                                                                                        |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 24 hour</i>                                                    | T1        | 90DS                                                                                                                                                                                   |
| Irrigating Solutions                                                                                           |           |                                                                                                                                                                                        |
| RENACIDIN                                                                                                      | T3        |                                                                                                                                                                                        |
| Loop Diuretics                                                                                                 |           |                                                                                                                                                                                        |
| <i>bumetanide oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>ethacrynic acid oral</i>                                                                                    | T1        | PA; 90DS                                                                                                                                                                               |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>furosemide oral tablet</i>                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>torseamide oral</i>                                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <b>Phosphate-Removing Agents</b>                                                                                                   |           |                                                                                                                                                                                        |
| <i>calcium acetate (phos binder) oral capsule</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| FOSRENOL ORAL PACKET                                                                                                               | T3        |                                                                                                                                                                                        |
| <i>lanthanum carbonate</i>                                                                                                         | T1        | PA; 90DS                                                                                                                                                                               |
| <i>sevelamer carbonate oral packet</i>                                                                                             | T1        | PA; 90DS                                                                                                                                                                               |
| <i>sevelamer carbonate oral tablet</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| VELPHORO                                                                                                                           | T3        | PA                                                                                                                                                                                     |
| <b>Potassium-Removing Agents</b>                                                                                                   |           |                                                                                                                                                                                        |
| LOKELMA                                                                                                                            | T3        | PA                                                                                                                                                                                     |
| <i>sodium polystyrene sulfonate oral powder</i>                                                                                    | T1        |                                                                                                                                                                                        |
| SPS                                                                                                                                | T3        |                                                                                                                                                                                        |
| VELTASSA                                                                                                                           | T3        | PA                                                                                                                                                                                     |
| <b>Potassium-Sparing Diuretics</b>                                                                                                 |           |                                                                                                                                                                                        |
| <i>amiloride hcl oral</i>                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>amiloride-hydrochlorothiazide</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>eplerenone</i>                                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>spironolactone oral</i>                                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>triamterene-hctz oral tablet</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <b>Replacement Preparations</b>                                                                                                    |           |                                                                                                                                                                                        |
| <i>calcium acetate (phos binder) oral capsule</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| KLOR-CON 10                                                                                                                        | T2        | 90DS                                                                                                                                                                                   |
| KLOR-CON M10                                                                                                                       | T2        | 90DS                                                                                                                                                                                   |
| KLOR-CON M15                                                                                                                       | T2        | 90DS                                                                                                                                                                                   |
| KLOR-CON M20                                                                                                                       | T2        | 90DS                                                                                                                                                                                   |
| KLOR-CON ORAL TABLET EXTENDED RELEASE                                                                                              | T2        | 90DS                                                                                                                                                                                   |
| K-MG CITRATE                                                                                                                       | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>potassium chloride crys er</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>potassium chloride er</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                                   | T1        | 90DS                                                                                                                                                                                   |
| Thiazide Diuretics                                                                                             |           |                                                                                                                                                                                        |
| <i>amiloride-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>benazepril-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>bisoprolol-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>candesartan cilexetil-hctz</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>enalapril-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>hydrochlorothiazide oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>irbesartan-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>lisinopril-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>losartan potassium-hctz</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>metoprolol-hydrochlorothiazide</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>olmesartan medoxomil-hctz</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>quinapril-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>spironolactone-hctz</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>telmisartan-hctz</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>triamterene-hctz oral tablet</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>valsartan-hydrochlorothiazide</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| Thiazide-Like Diuretics                                                                                        |           |                                                                                                                                                                                        |
| <i>atenolol-chlorthalidone</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>indapamide oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>metolazone</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| Uricosuric Agents                                                                                              |           |                                                                                                                                                                                        |
| <i>colchicine-probenecid</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>probenecid oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| Vasopressin Antagonists                                                                                        |           |                                                                                                                                                                                        |

|                                                                                                                                                                           |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                                                                                 |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                                                            |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                                                 | Drug Tier | Requirements and Limits                                                                                                                                                                |
| JYNARQUE                                                                                                                                                                  | T4        | PA                                                                                                                                                                                     |
| <i>tolvaptan</i>                                                                                                                                                          | T4        | PA                                                                                                                                                                                     |
| Enzymes                                                                                                                                                                   |           |                                                                                                                                                                                        |
| Enzymes                                                                                                                                                                   |           |                                                                                                                                                                                        |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT                                                                                                                      | T4        | PA                                                                                                                                                                                     |
| CREON                                                                                                                                                                     | T2        | 90DS                                                                                                                                                                                   |
| ELELYSO                                                                                                                                                                   | T4        | PA                                                                                                                                                                                     |
| HYQVIA                                                                                                                                                                    | T4        | PA                                                                                                                                                                                     |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                                                                                                                                | T4        | PA                                                                                                                                                                                     |
| SANTYL                                                                                                                                                                    | T3        | PA                                                                                                                                                                                     |
| SUCRAID                                                                                                                                                                   | T4        | PA                                                                                                                                                                                     |
| VPRIV                                                                                                                                                                     | T4        | PA                                                                                                                                                                                     |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | T2        | 90DS                                                                                                                                                                                   |
| Eye, Ear, Nose And Throat (Eent) Preps.                                                                                                                                   |           |                                                                                                                                                                                        |
| Alpha-Adrenergic Agonists (Eent)                                                                                                                                          |           |                                                                                                                                                                                        |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                                                                                                                                      | T2        | 90DS                                                                                                                                                                                   |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>                                                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>brimonidine tartrate-timolol</i>                                                                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| SIMBRINZA                                                                                                                                                                 | T2        | 90DS                                                                                                                                                                                   |
| Antiallergic Agents                                                                                                                                                       |           |                                                                                                                                                                                        |
| ALOCRIIL                                                                                                                                                                  | T3        |                                                                                                                                                                                        |
| ALOMIDE                                                                                                                                                                   | T3        |                                                                                                                                                                                        |
| <i>azelastine hcl nasal</i>                                                                                                                                               | T1        |                                                                                                                                                                                        |

|                                                                                 |                                 | Requirements and Limits              |
|---------------------------------------------------------------------------------|---------------------------------|--------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs | <b>Drug Tier</b>                | <b>90DS</b> = 90 Day Supply Eligible |
|                                                                                 | <b>T1</b> = Generic             | <b>AL</b> = Age Limit                |
|                                                                                 | <b>T2</b> = Preferred Brand     | <b>PA</b> = Prior Authorization      |
|                                                                                 | <b>T3</b> = Non-Preferred Brand | <b>QL</b> = Quantity Limit           |
|                                                                                 | <b>T4</b> = Specialty           | <b>ST</b> = Step Therapy             |
| <b>Drug Name</b>                                                                | <b>Drug Tier</b>                | <b>Requirements and Limits</b>       |
| <i>azelastine hcl ophthalmic</i>                                                | T1                              |                                      |
| <i>bepotastine besilate</i>                                                     | T1                              | ST                                   |
| <i>cromolyn sodium inhalation</i>                                               | T1                              | 90DS                                 |
| <i>cromolyn sodium ophthalmic</i>                                               | T1                              |                                      |
| <i>epinastine hcl</i>                                                           | T1                              | ST                                   |
| LASTACFT                                                                        | T3                              |                                      |
| <i>olopatadine hcl nasal</i>                                                    | T1                              |                                      |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i>                                | T1                              |                                      |
| <b>Antibacterials (Eent)</b>                                                    |                                 |                                      |
| AZASITE                                                                         | T3                              |                                      |
| <i>bacitracin ophthalmic</i>                                                    | T1                              |                                      |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>             | T1                              |                                      |
| BESIVANCE                                                                       | T3                              |                                      |
| CIPRO HC                                                                        | T3                              |                                      |
| <i>ciprofloxacin hcl ophthalmic</i>                                             | T1                              |                                      |
| <i>ciprofloxacin hcl otic</i>                                                   | T1                              | ST                                   |
| <i>ciprofloxacin-dexamethasone</i>                                              | T1                              | ST                                   |
| <i>ciprofloxacin-fluocinolone pf</i>                                            | T1                              | ST                                   |
| <i>erythromycin ophthalmic</i>                                                  | T1                              |                                      |
| <i>gatifloxacin ophthalmic</i>                                                  | T1                              |                                      |
| GENTAK OPHTHALMIC OINTMENT                                                      | T1                              |                                      |
| <i>gentamicin sulfate ophthalmic solution</i>                                   | T1                              |                                      |
| <i>moxifloxacin hcl ophthalmic solution</i>                                     | T1                              | QL (3 ML per 30 days)                |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>           | T1                              |                                      |
| <i>neomycin-polymyxin-dexameth</i>                                              | T1                              |                                      |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>        | T1                              |                                      |
| <i>neomycin-polymyxin-hc otic</i>                                               | T1                              |                                      |
| <i>ofloxacin ophthalmic</i>                                                     | T1                              |                                      |
| <i>ofloxacin otic</i>                                                           | T1                              |                                      |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>polymyxin b-trimethoprim</i>                                                                                | T1        |                                                                                                                                                                                        |
| PRED-G                                                                                                         | T3        |                                                                                                                                                                                        |
| <i>sulfacetamide sodium ophthalmic</i>                                                                         | T1        |                                                                                                                                                                                        |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>                                                          | T1        |                                                                                                                                                                                        |
| <i>tobramycin ophthalmic</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>tobramycin-dexamethasone</i>                                                                                | T1        | QL (10 ML per 30 days)                                                                                                                                                                 |
| ZYLET                                                                                                          | T3        |                                                                                                                                                                                        |
| Antifungals (Eent)                                                                                             |           |                                                                                                                                                                                        |
| NATACYN                                                                                                        | T3        |                                                                                                                                                                                        |
| Antivirals (Eent)                                                                                              |           |                                                                                                                                                                                        |
| <i>trifluridine ophthalmic</i>                                                                                 | T1        |                                                                                                                                                                                        |
| Beta-Adrenergic Blocking Agents (Eent)                                                                         |           |                                                                                                                                                                                        |
| <i>betaxolol hcl ophthalmic</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>brimonidine tartrate-timolol</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>carteolol hcl</i>                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>dorzolamide hcl-timolol mal</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>timolol maleate ophthalmic solution</i>                                                                     | T1        | 90DS                                                                                                                                                                                   |
| Carbonic Anhydrase Inhibitors (Eent)                                                                           |           |                                                                                                                                                                                        |
| <i>acetazolamide er</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>acetazolamide oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>brinzolamide</i>                                                                                            | T1        | ST; 90DS                                                                                                                                                                               |
| <i>dorzolamide hcl ophthalmic</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>dorzolamide hcl-timolol mal</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>methazolamide oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| SIMBRINZA                                                                                                      | T2        | 90DS                                                                                                                                                                                   |
| Corticosteroids (Eent)                                                                                         |           |                                                                                                                                                                                        |
| CIPRO HC                                                                                                       | T3        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>ciprofloxacin-dexamethasone</i>                                                                             | T1        | ST                                                                                                                                                                                     |
| <i>ciprofloxacin-fluocinolone pf</i>                                                                           | T1        | ST                                                                                                                                                                                     |
| <i>dexamethasone sodium phosphate ophthalmic</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>difluprednate</i>                                                                                           | T1        | ST                                                                                                                                                                                     |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                                          | T1        |                                                                                                                                                                                        |
| <i>fluocinolone acetonide otic</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>fluorometholone ophthalmic</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>fluticasone propionate nasal</i>                                                                            | T1        |                                                                                                                                                                                        |
| FML                                                                                                            | T2        |                                                                                                                                                                                        |
| FML FORTE                                                                                                      | T2        |                                                                                                                                                                                        |
| <i>hydrocortisone-acetic acid</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>loteprednol etabonate ophthalmic suspension</i>                                                             | T1        | ST                                                                                                                                                                                     |
| <i>mometasone furoate nasal</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>neomycin-polymyxin-dexameth</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>neomycin-polymyxin-hc otic</i>                                                                              | T1        |                                                                                                                                                                                        |
| PRED-G                                                                                                         | T3        |                                                                                                                                                                                        |
| <i>prednisolone acetate ophthalmic</i>                                                                         | T1        |                                                                                                                                                                                        |
| <i>prednisolone sodium phosphate ophthalmic</i>                                                                | T1        |                                                                                                                                                                                        |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>                                                          | T1        |                                                                                                                                                                                        |
| <i>tobramycin-dexamethasone</i>                                                                                | T1        | QL (10 ML per 30 days)                                                                                                                                                                 |
| ZYLET                                                                                                          | T3        |                                                                                                                                                                                        |
| Eent Anti-Infectives, Miscellaneous                                                                            |           |                                                                                                                                                                                        |
| <i>chlorhexidine gluconate mouth/throat</i>                                                                    | T1        |                                                                                                                                                                                        |
| Eent Anti-Inflammatory Agents, Misc.                                                                           |           |                                                                                                                                                                                        |
| <i>cyclosporine ophthalmic</i>                                                                                 | T1        | ST; 90DS; QL (60 EA per 30 days)                                                                                                                                                       |
| XIIDRA                                                                                                         | T3        | QL (60 EA per 30 days)                                                                                                                                                                 |
| Eent Drugs, Miscellaneous                                                                                      |           |                                                                                                                                                                                        |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>acetic acid otic</i>                                                                                                            | T1        |                                                                                                                                                                                        |
| <i>apraclonidine hcl</i>                                                                                                           | T1        | ST                                                                                                                                                                                     |
| <i>artificial tears ophthalmic solution 0.1-0.3 %, 1.4 %</i>                                                                       | T1        |                                                                                                                                                                                        |
| <i>artificial tears pf</i>                                                                                                         | T1        |                                                                                                                                                                                        |
| <i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>                                                                     | T1        |                                                                                                                                                                                        |
| <i>cromolyn sodium ophthalmic</i>                                                                                                  | T1        |                                                                                                                                                                                        |
| <i>cromolyn sodium oral</i>                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>eq artificial tears</i>                                                                                                         | T1        |                                                                                                                                                                                        |
| <i>eq restore tears</i>                                                                                                            | T1        |                                                                                                                                                                                        |
| GENTEAL TEARS                                                                                                                      | T1        |                                                                                                                                                                                        |
| GENTEAL TEARS PF                                                                                                                   | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone-acetic acid</i>                                                                                                  | T1        |                                                                                                                                                                                        |
| <i>just tears eye drops</i>                                                                                                        | T1        |                                                                                                                                                                                        |
| <i>liquitears</i>                                                                                                                  | T1        |                                                                                                                                                                                        |
| <i>lubricant eye drops ophthalmic solution 0.5 %</i>                                                                               | T1        |                                                                                                                                                                                        |
| MOISTURE EYES                                                                                                                      | T1        |                                                                                                                                                                                        |
| OXERVATE                                                                                                                           | T4        | PA                                                                                                                                                                                     |
| <i>polyvinyl alcohol ophthalmic</i>                                                                                                | T1        |                                                                                                                                                                                        |
| PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML                                                                                | T1        |                                                                                                                                                                                        |
| REFRESH TEARS                                                                                                                      | T1        |                                                                                                                                                                                        |
| <i>sm artificial tears</i>                                                                                                         | T1        |                                                                                                                                                                                        |
| SOOTHE HYDRATION                                                                                                                   | T1        |                                                                                                                                                                                        |
| SOOTHE XP                                                                                                                          | T1        |                                                                                                                                                                                        |
| SOOTHE XP XTRA PROTECTION                                                                                                          | T1        |                                                                                                                                                                                        |
| SYSTANE CONTACTS                                                                                                                   | T1        |                                                                                                                                                                                        |
| ULTRA FRESH                                                                                                                        | T1        |                                                                                                                                                                                        |
| <b>Eent Nonsteroidal Anti-Inflam. Agents</b>                                                                                       |           |                                                                                                                                                                                        |
| <i>bromfenac sodium (once-daily)</i>                                                                                               | T1        | ST                                                                                                                                                                                     |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>diclofenac sodium ophthalmic</i>                                                                                                | T1        |                                                                                                                                                                                        |
| <i>flurbiprofen sodium</i>                                                                                                         | T1        |                                                                                                                                                                                        |
| <i>ketorolac tromethamine ophthalmic</i>                                                                                           | T1        |                                                                                                                                                                                        |
| NEVANAC                                                                                                                            | T3        |                                                                                                                                                                                        |
| Local Anesthetics (Eent)                                                                                                           |           |                                                                                                                                                                                        |
| <i>lidocaine hcl mouth/throat</i>                                                                                                  | T1        |                                                                                                                                                                                        |
| <i>lidocaine viscous hcl</i>                                                                                                       | T1        |                                                                                                                                                                                        |
| <i>proparacaine hcl ophthalmic</i>                                                                                                 | T1        |                                                                                                                                                                                        |
| Miotics                                                                                                                            |           |                                                                                                                                                                                        |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| VUITY                                                                                                                              | T3        | PA                                                                                                                                                                                     |
| Mydriatics                                                                                                                         |           |                                                                                                                                                                                        |
| <i>atropine sulfate ophthalmic solution 1 %</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| Prostaglandin Analogs                                                                                                              |           |                                                                                                                                                                                        |
| <i>latanoprost ophthalmic</i>                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                                                                                                 | T2        | 90DS                                                                                                                                                                                   |
| <i>tafluprost (pf)</i>                                                                                                             | T1        | ST; 90DS                                                                                                                                                                               |
| <i>travoprost (bak free)</i>                                                                                                       | T1        | ST; 90DS                                                                                                                                                                               |
| Rho Kinase Inhibitors                                                                                                              |           |                                                                                                                                                                                        |
| RHOPRESSA                                                                                                                          | T3        |                                                                                                                                                                                        |
| Gastrointestinal Drugs                                                                                                             |           |                                                                                                                                                                                        |
| 5-Ht3 Receptor Antagonists                                                                                                         |           |                                                                                                                                                                                        |
| AKYNZEO ORAL                                                                                                                       | T3        | PA                                                                                                                                                                                     |
| <i>granisetron hcl oral</i>                                                                                                        | T1        |                                                                                                                                                                                        |
| <i>ondansetron</i>                                                                                                                 | T1        |                                                                                                                                                                                        |
| <i>ondansetron hcl oral</i>                                                                                                        | T1        |                                                                                                                                                                                        |
| Antacids And Adsorbents                                                                                                            |           |                                                                                                                                                                                        |
| <i>omeprazole-sodium bicarbonate oral capsule</i>                                                                                  | T1        | ST; 90DS                                                                                                                                                                               |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>omeprazole-sodium bicarbonate oral packet</i>                                                               | T1        | ST; 90DS; AL (Max 12 Years)                                                                                                                                                            |
| <b>Antidiarrhea Agents</b>                                                                                     |           |                                                                                                                                                                                        |
| <i>diphenoxylate-atropine oral liquid</i>                                                                      | T1        |                                                                                                                                                                                        |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                                         | T1        |                                                                                                                                                                                        |
| <i>loperamide hcl oral capsule</i>                                                                             | T1        |                                                                                                                                                                                        |
| XERMELO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <b>Antiemetics, Miscellaneous</b>                                                                              |           |                                                                                                                                                                                        |
| <i>dronabinol</i>                                                                                              | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                                                      | T1        |                                                                                                                                                                                        |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG                                                                           | T3        |                                                                                                                                                                                        |
| <i>scopolamine</i>                                                                                             | T1        | QL (10 EA per 30 days)                                                                                                                                                                 |
| SYNDROS                                                                                                        | T3        | AL (Max 12 Years)                                                                                                                                                                      |
| <b>Antihistamines (Gi Drugs)</b>                                                                               |           |                                                                                                                                                                                        |
| <i>doxylamine-pyridoxine</i>                                                                                   | T1        | PA                                                                                                                                                                                     |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                                                                | T1        |                                                                                                                                                                                        |
| <i>prochlorperazine</i>                                                                                        | T1        |                                                                                                                                                                                        |
| <i>prochlorperazine maleate oral</i>                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>trimethobenzamide hcl oral</i>                                                                              | T1        |                                                                                                                                                                                        |
| <b>Anti-Inflammatory Agents (Gi Drugs)</b>                                                                     |           |                                                                                                                                                                                        |
| <i>alosetron hcl</i>                                                                                           | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>balsalazide disodium</i>                                                                                    | T1        |                                                                                                                                                                                        |
| DIPENTUM                                                                                                       | T3        |                                                                                                                                                                                        |
| <i>mesalamine er oral capsule extended release 24 hour</i>                                                     | T1        |                                                                                                                                                                                        |
| <i>mesalamine oral capsule delayed release</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>                                                           | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>mesalamine rectal</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>mesalamine-cleanser</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>sulfasalazine oral</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Antiulcer Agents And Acid Suppressants                                                                         |           |                                                                                                                                                                                        |
| <i>amoxicillin oral capsule</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>amoxicillin oral suspension reconstituted</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>amoxicillin oral tablet</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                         | T1        |                                                                                                                                                                                        |
| <i>clarithromycin er</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>clarithromycin oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>metronidazole oral</i>                                                                                      | T1        |                                                                                                                                                                                        |
| <i>tetracycline hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| Cathartics And Laxatives                                                                                       |           |                                                                                                                                                                                        |
| GAVILYTE-C                                                                                                     | T1        | \$0 copay for members ages 45-75 years                                                                                                                                                 |
| GAVILYTE-G                                                                                                     | T1        | \$0 copay for members ages 45-75 years                                                                                                                                                 |
| GAVILYTE-N WITH FLAVOR PACK                                                                                    | T1        | \$0 copay for members ages 45-75 years                                                                                                                                                 |
| <i>na sulfate-k sulfate-mg sulf</i>                                                                            | T1        | ST; \$0 copay for members ages 45-75 years                                                                                                                                             |
| <i>peg 3350-kcl-na bicarb-nacl</i>                                                                             | T1        | \$0 copay for members ages 45-75 years                                                                                                                                                 |
| <i>peg-3350/electrolytes</i>                                                                                   | T1        | \$0 copay for members ages 45-75 years                                                                                                                                                 |
| <i>peg-kcl-nacl-nasulf-na asc-c</i>                                                                            | T1        | ST; \$0 copay for members ages 45-75 years                                                                                                                                             |
| <i>polyethylene glycol 3350 oral packet 17 gm</i>                                                              | T1        |                                                                                                                                                                                        |
| <i>polyethylene glycol 3350 oral powder</i>                                                                    | T1        |                                                                                                                                                                                        |
| <i>polyethylene glycol 3350 powder</i>                                                                         | T1        |                                                                                                                                                                                        |
| Cholelitholytic Agents                                                                                         |           |                                                                                                                                                                                        |

|                                                                                                                                                                           |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                                                                                 |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                                                            |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                                                 | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>ursodiol oral tablet</i>                                                                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| Digestants                                                                                                                                                                |           |                                                                                                                                                                                        |
| CREON                                                                                                                                                                     | T2        | 90DS                                                                                                                                                                                   |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | T2        | 90DS                                                                                                                                                                                   |
| Gi Drugs, Miscellaneous                                                                                                                                                   |           |                                                                                                                                                                                        |
| <i>adalimumab-fkjp</i>                                                                                                                                                    | T4        | PA                                                                                                                                                                                     |
| BYLVAY                                                                                                                                                                    | T4        | PA                                                                                                                                                                                     |
| BYLVAY (PELLETS)                                                                                                                                                          | T4        | PA                                                                                                                                                                                     |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                                                                     | T4        | PA                                                                                                                                                                                     |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                                                                                                                        | T4        | PA                                                                                                                                                                                     |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                                                                                 | T4        | PA                                                                                                                                                                                     |
| GATTEX                                                                                                                                                                    | T4        | PA                                                                                                                                                                                     |
| HADLIMA                                                                                                                                                                   | T4        | PA                                                                                                                                                                                     |
| HADLIMA PUSHTOUCH                                                                                                                                                         | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML                                                                    | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                                                                                                         | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN-CD/UC/HS STARTER                                                                                                                                               | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                                                                                                  | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN-PSOR/UEIT STARTER                                                                                                                                              | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML                   | T4        | PA                                                                                                                                                                                     |
| LINZESS                                                                                                        | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| LIVMARLI                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>lubiprostone</i>                                                                                            | T2        | 90DS                                                                                                                                                                                   |
| MOVANTIK                                                                                                       | T2        | ST                                                                                                                                                                                     |
| OICALIVA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>        | T4        | PA                                                                                                                                                                                     |
| <i>octreotide acetate subcutaneous</i>                                                                         | T4        | PA                                                                                                                                                                                     |
| RELISTOR ORAL                                                                                                  | T3        | PA                                                                                                                                                                                     |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML                                                         | T3        | PA                                                                                                                                                                                     |
| SANDOSTATIN LAR DEPOT                                                                                          | T4        | PA                                                                                                                                                                                     |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                    | T4        | PA                                                                                                                                                                                     |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                | T4        | PA                                                                                                                                                                                     |
| SKYRIZI INTRAVENOUS                                                                                            | T4        | PA                                                                                                                                                                                     |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE                                                                        | T4        | PA                                                                                                                                                                                     |
| SYMPROIC                                                                                                       | T2        | ST                                                                                                                                                                                     |
| Histamine H2-Antagonists                                                                                       |           |                                                                                                                                                                                        |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>cimetidine oral tablet 200 mg</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>nizatidine oral capsule</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| Neurokinin-1 Receptor Antagonists                                                                              |           |                                                                                                                                                                                        |
| AKYNZEO ORAL                                                                                                   | T3        | PA                                                                                                                                                                                     |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                                    |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>aprepitant oral capsule</i>                                                                                                     | T1        |                                                                                                                                                                                        |
| EMEND ORAL SUSPENSION RECONSTITUTED                                                                                                | T3        |                                                                                                                                                                                        |
| VARUBI (180 MG DOSE)                                                                                                               | T3        | PA                                                                                                                                                                                     |
| <b>Prokinetic Agents</b>                                                                                                           |           |                                                                                                                                                                                        |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>                                                                       | T1        |                                                                                                                                                                                        |
| <i>metoclopramide hcl oral tablet</i>                                                                                              | T1        |                                                                                                                                                                                        |
| <b>Prostaglandins</b>                                                                                                              |           |                                                                                                                                                                                        |
| <i>diclofenac-misoprostol oral tablet delayed release</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>misoprostol oral</i>                                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <b>Protectants</b>                                                                                                                 |           |                                                                                                                                                                                        |
| <i>sucralfate oral tablet</i>                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <b>Proton-Pump Inhibitors</b>                                                                                                      |           |                                                                                                                                                                                        |
| <i>dexlansoprazole</i>                                                                                                             | T1        | PA                                                                                                                                                                                     |
| <i>esomeprazole magnesium oral capsule delayed release</i>                                                                         | T1        | ST                                                                                                                                                                                     |
| <i>lansoprazole oral capsule delayed release</i>                                                                                   | T1        | ST                                                                                                                                                                                     |
| <i>omeprazole oral capsule delayed release</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>omeprazole-sodium bicarbonate oral capsule</i>                                                                                  | T1        | ST; 90DS                                                                                                                                                                               |
| <i>omeprazole-sodium bicarbonate oral packet</i>                                                                                   | T1        | ST; 90DS; AL (Max 12 Years)                                                                                                                                                            |
| <i>pantoprazole sodium oral tablet delayed release</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>rabeprazole sodium oral tablet delayed release</i>                                                                              | T1        | ST                                                                                                                                                                                     |
| <b>Heavy Metal Antagonists</b>                                                                                                     |           |                                                                                                                                                                                        |
| <b>Heavy Metal Antagonists</b>                                                                                                     |           |                                                                                                                                                                                        |
| <i>deferasirox granules</i>                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>deferasirox oral tablet</i>                                                                                                     | T4        | PA                                                                                                                                                                                     |
| <i>deferasirox oral tablet soluble</i>                                                                                             | T4        | PA                                                                                                                                                                                     |
| <i>deferiprone</i>                                                                                                                 | T4        | PA                                                                                                                                                                                     |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| FERRIPROX TWICE-A-DAY                                                                                                              | T4        | PA                                                                                                                                                                                     |
| <i>penicillamine oral</i>                                                                                                          | T1        | PA                                                                                                                                                                                     |
| <i>trientine hcl</i>                                                                                                               | T4        | PA                                                                                                                                                                                     |
| Hormones And Synthetic Substitutes                                                                                                 |           |                                                                                                                                                                                        |
| Adrenals                                                                                                                           |           |                                                                                                                                                                                        |
| ARNUITY ELLIPTA                                                                                                                    | T2        | 90DS                                                                                                                                                                                   |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                                                 | T2        | 90DS                                                                                                                                                                                   |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT                                     | T2        | 90DS                                                                                                                                                                                   |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                                                  | T2        | 90DS                                                                                                                                                                                   |
| ASMANEX HFA                                                                                                                        | T2        | 90DS                                                                                                                                                                                   |
| BREZTRI AEROSPHERE                                                                                                                 | T2        | 90DS                                                                                                                                                                                   |
| <i>budesonide inhalation</i>                                                                                                       | T1        | 90DS; QL (60 ML per 30 days)                                                                                                                                                           |
| <i>budesonide oral</i>                                                                                                             | T1        |                                                                                                                                                                                        |
| <i>budesonide-formoterol fumarate</i>                                                                                              | T2        | 90DS; QL (10.2 GM per 30 days)                                                                                                                                                         |
| <i>dexamethasone oral elixir</i>                                                                                                   | T1        |                                                                                                                                                                                        |
| <i>dexamethasone oral solution</i>                                                                                                 | T1        |                                                                                                                                                                                        |
| <i>dexamethasone oral tablet</i>                                                                                                   | T1        |                                                                                                                                                                                        |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT                                     | T2        | 90DS                                                                                                                                                                                   |
| <i>fludrocortisone acetate oral</i>                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                                                              | T1        |                                                                                                                                                                                        |

|                                                                                                                                                                        |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                                                                              |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty                                                         |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                                                              | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>                                                        | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>fluticasone propionate hfa</i>                                                                                                                                      | T2        | 90DS                                                                                                                                                                                   |
| <i>fluticasone propionate nasal</i>                                                                                                                                    | T1        |                                                                                                                                                                                        |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i> | T1        | 90DS                                                                                                                                                                                   |
| <i>hydrocortisone oral</i>                                                                                                                                             | T1        |                                                                                                                                                                                        |
| <i>methylprednisolone oral</i>                                                                                                                                         | T1        |                                                                                                                                                                                        |
| <i>mometasone furoate nasal</i>                                                                                                                                        | T1        |                                                                                                                                                                                        |
| <i>prednisolone oral solution</i>                                                                                                                                      | T1        |                                                                                                                                                                                        |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>prednisone oral</i>                                                                                                                                                 | T1        |                                                                                                                                                                                        |
| PULMICORT FLEXHALER                                                                                                                                                    | T2        | 90DS                                                                                                                                                                                   |
| QVAR REDIHALER                                                                                                                                                         | T2        | 90DS                                                                                                                                                                                   |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT                                                                                         | T3        | ST                                                                                                                                                                                     |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT                                                                                         | T3        |                                                                                                                                                                                        |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <b>Alpha-Glucosidase Inhibitors</b>                                                                                                                                    |           |                                                                                                                                                                                        |
| <i>acarbose oral</i>                                                                                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <b>Amylinomimetics</b>                                                                                                                                                 |           |                                                                                                                                                                                        |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                                                       | T3        | PA                                                                                                                                                                                     |

|                                                                                                                                                                      |                                                                                    | Requirements and Limits                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| lowercase italics = Generic drugs<br>UPPERCASE = Brand name drugs                                                                                                    | Drug Tier                                                                          | 90DS = 90 Day Supply Eligible                                                                               |
|                                                                                                                                                                      | T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty | AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
| Drug Name                                                                                                                                                            | Drug Tier                                                                          | Requirements and Limits                                                                                     |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                                                      | T3                                                                                 | PA                                                                                                          |
| <b>Androgens</b>                                                                                                                                                     |                                                                                    |                                                                                                             |
| <i>danazol oral</i>                                                                                                                                                  | T1                                                                                 |                                                                                                             |
| <i>methyltestosterone oral</i>                                                                                                                                       | T1                                                                                 | PA                                                                                                          |
| <i>oxandrolone oral</i>                                                                                                                                              | T1                                                                                 | PA                                                                                                          |
| <i>testosterone cypionate intramuscular solution 100 mg/ml</i>                                                                                                       | T1                                                                                 | QL (10 ML per 30 days)                                                                                      |
| <i>testosterone cypionate intramuscular solution 200 mg/ml</i>                                                                                                       | T1                                                                                 | QL (4 ML per 28 days)                                                                                       |
| <i>testosterone enanthate intramuscular solution</i>                                                                                                                 | T1                                                                                 | QL (5 ML per 28 days)                                                                                       |
| <i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i> | T1                                                                                 | PA                                                                                                          |
| <i>testosterone transdermal solution</i>                                                                                                                             | T1                                                                                 | PA                                                                                                          |
| <b>Antidiabetic Agents, Miscellaneous</b>                                                                                                                            |                                                                                    |                                                                                                             |
| <i>colesevelam hcl</i>                                                                                                                                               | T1                                                                                 | 90DS                                                                                                        |
| KORLYM                                                                                                                                                               | T4                                                                                 |                                                                                                             |
| <b>Antiestrogens</b>                                                                                                                                                 |                                                                                    |                                                                                                             |
| <i>anastrozole oral</i>                                                                                                                                              | T1                                                                                 | ACA Preventative Medication-\$0 Copay; 90DS                                                                 |
| <i>exemestane</i>                                                                                                                                                    | T1                                                                                 | ACA Preventative Medication-\$0 Copay; 90DS                                                                 |
| KISQALI FEMARA (200 MG DOSE)                                                                                                                                         | T4                                                                                 | PA                                                                                                          |
| KISQALI FEMARA (400 MG DOSE)                                                                                                                                         | T4                                                                                 | PA                                                                                                          |
| KISQALI FEMARA (600 MG DOSE)                                                                                                                                         | T4                                                                                 | PA                                                                                                          |
| <i>letrozole oral</i>                                                                                                                                                | T1                                                                                 | ACA Preventative Medication-\$0 Copay; 90DS                                                                 |
| <b>Antigonadotropins</b>                                                                                                                                             |                                                                                    |                                                                                                             |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG                                                                                                                                   | T4                                                                                 | PA                                                                                                          |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>ganirelix acetate subcutaneous solution prefilled syringe</i>                                               | T4        | PA                                                                                                                                                                                     |
| ORILISSA                                                                                                       | T3        | PA                                                                                                                                                                                     |
| Antiparathyroid Agents                                                                                         |           |                                                                                                                                                                                        |
| <i>calcitonin (salmon) nasal</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>                                                                 | T1        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| <i>cinacalcet hcl oral tablet 90 mg</i>                                                                        | T1        | 90DS; QL (120 EA per 30 days)                                                                                                                                                          |
| Antithyroid Agents                                                                                             |           |                                                                                                                                                                                        |
| <i>methimazole oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>propylthiouracil oral</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| Biguanides                                                                                                     |           |                                                                                                                                                                                        |
| <i>glipizide-metformin hcl</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>glyburide-metformin</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| JANUMET                                                                                                        | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG                                                    | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG                                          | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| JENTADUETO                                                                                                     | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG                                                 | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG                                                   | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| <i>metformin hcl er</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>pioglitazone hcl-metformin hcl</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| SYNJARDY                                                                                                       | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |

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|--------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                            | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG                          | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG          | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG     | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG       | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG                | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| Contraceptives                                                                       |           |                                                                                                                                    |                                                                                                                                                                                                                          |
| AFIRMELLE                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ALTAVERA                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| alyacen 1/35                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| alyacen 7/7/7                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AMETHIA                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AMETHYST                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| APRI                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ARANELLE                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ASHLYNA                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| AUBRA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUBRA EQ                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA 1.5/30                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA 1/20                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA 24 FE                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA FE 1.5/30                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA FE 1/20                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AVIANE                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AYUNA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AZURETTE                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BALZIVA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI 24 FE                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI FE 1.5/30                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI FE 1/20                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| <i>briellyn</i>                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMILA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMRESE                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| CAMRESE LO                                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CAZANT                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CHARLOTTE 24 FE                                                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CHATEAL                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CHATEAL EQ                                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CRYSELLE-28                                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CYCLAFEM 1/35                                                                                                                                                                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CYCLAFEM 7/7/7                                                                                                                                                                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CYRED                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| CYRED EQ                                                                                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| DASETTA 1/35                                                                                                                                                                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| DASETTA 7/7/7                                                                                                                                                                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| DAYSEE                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| DEBLITANE                                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| DELYLA                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>desogestrel-ethinyl estradiol</i>                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| DOLISHALE                                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>drospiren-eth estrad-levomefol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>drospirenone-ethinyl estradiol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ECONTRA EZ                                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ECONTRA ONE-STEP                                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ELINEST                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ELLA                                                                                     | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ELURYNG                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| EMOQUETTE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ENPRESSE-28                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ERRIN                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ESTARYLLA                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>ethynodiol diac-eth estradiol</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>etonogestrel-ethinyl estradiol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FALMINA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FAYOSIM                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FEMYNOR                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| GEMMILY                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY 1.5/30                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY 24 FE                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY FE 1.5/30                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY FE 1/20                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HEATHER                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ICLEVIA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| INCASSIA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| INTROVALE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ISIBLOOM                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JAIMIESS                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JASMIEL                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JENCYCLA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JOLESSA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JULEBER                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL 1.5/30                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL 1/20                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| JUNEL FE 1.5/30                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL FE 1/20                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL FE 24                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KAITLIB FE                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KALLIGA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KARIVA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KELNOR 1/35                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KELNOR 1/50                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KURVELO                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LARIN 1.5/30                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LARIN 1/20                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LARIN 24 FE                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LARIN FE 1.5/30                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LARIN FE 1/20                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LARISSIA                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LAYOLIS FE                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| LEENA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| LESSINA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEVONEST                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgest-eth est &amp; eth est</i>                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgest-eth estrad 91-day</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| <i>levonorgestrel-ethinyl estrad</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEVORA 0.15/30 (28)                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LILLOW                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LOJAIMIESS                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LORYNA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LOW-OGESTREL                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LO-ZUMANDIMINE                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LUTERA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LYLEQ                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LYZA                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>marlissa</i>                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>medroxyprogesterone acetate intramuscular</i>                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MELODETTA 24 FE                                                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MERZEE                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN 1.5/30                                                                                                                                                                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN 1/20                                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN 24 FE                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN FE 1.5/30                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN FE 1/20                                                                                                                                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MILI                                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MONO-LINYAH                                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MY CHOICE                                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MY WAY                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NECON 0.5/35 (28)                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NEW DAY                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NIKKI                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORA-BE                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethin ace-eth estrad-fe oral capsule</i>                                                                                                                                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> |           | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethindrone acet-ethinyl est oral tablet</i>                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethindrone oral</i>                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethindron-ethinyl estrad-fe</i>                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethin-eth estradiol-fe</i>                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                                                                                                                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norgestim-eth estrad triphasic</i>                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORLYDA                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORLYROC                                                                                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 0.5/35 (28)                                                                                                                                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 1/35 (21)                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 1/35 (28)                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 7/7/7                                                                                                                                                                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NYLIA 1/35                                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NYLIA 7/7/7                                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NYMYO                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| OCELLA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| OPCICON ONE-STEP                                                                | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| OPTION 2                                                                        | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| ORSYTHIA                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PHILITH                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PIMTREA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PIRMELLA 1/35                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PIRMELLA 7/7/7                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PORTIA-28                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PREVIFEM                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| RECLIPSEN                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| RIVELSA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SETLAKIN                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SHAROBEL                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SIMLIYA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SIMPESSE                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SPRINTEC 28                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| SRONYX                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SYEDA                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TAKE ACTION                                                                              | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TARINA 24 FE                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TARINA FE 1/20                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TARINA FE 1/20 EQ                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TAYSOFY                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TILIA FE                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI FEMYNOR                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-ESTARYLLA                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LEGEST FE                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LINYAH                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-ESTARYLLA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-MARZIA                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-MILI                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-SPRINTEC                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-MILI                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| TRI-NYMYO                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-PREVIFEM                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-SPRINTEC                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRIVORA (28)                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-VYLIBRA                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-VYLIBRA LO                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TULANA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TYBLUME ORAL TABLET CHEWABLE                                                    | T2        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TYDEMY                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VELIVET                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VESTURA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VIENVA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| <i>viorele</i>                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VOLNEA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VYFEMLA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VYLIBRA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| WERA                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| WYMZYA FE                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| XULANE                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ZAFEMY                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ZOVIA 1/35 (28)                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ZOVIA 1/35E (28)                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ZUMANDIMINE                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| Dipeptidyl Peptidase-4(Dpp-4) Inhibitors                                        |           |                                                                                                                                    |                                                                                                                                                                                                                          |
| GLYXAMBI                                                                        | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JANUMET                                                                         | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG                     | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG           | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JANUVIA                                                                         | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JENTADUETO                                                                      | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG                  | T2        | 90DS; QL (60 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG                    | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| TRADJENTA                                                                       | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG     | T2        | 90DS; QL (30 EA per 30 days)                                                                                                       |                                                                                                                                                                                                                          |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG                               | T2        | 90DS; QL (60 EA per 30 days)                                                                                                                                                           |
| Estrogen Agonist-Antagonists                                                                                   |           |                                                                                                                                                                                        |
| CLOMID                                                                                                         | T3        | PA; QL (10 EA per 30 days)                                                                                                                                                             |
| <i>clomiphene citrate oral</i>                                                                                 | T1        | PA; QL (10 EA per 30 days)                                                                                                                                                             |
| DUAVEE                                                                                                         | T3        | ST                                                                                                                                                                                     |
| OSPHENA                                                                                                        | T3        |                                                                                                                                                                                        |
| <i>raloxifene hcl</i>                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| SOLTAMOX                                                                                                       | T4        |                                                                                                                                                                                        |
| <i>tamoxifen citrate oral</i>                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>toremifene citrate</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| Estrogens                                                                                                      |           |                                                                                                                                                                                        |
| AFIRMELLE                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| ALTAVERA                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>alyacen 1/35</i>                                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>alyacen 7/7/7</i>                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| AMETHIA                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| AMETHYST                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| APRI                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| ARANELLE                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| ASHLYNA                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| AUBRA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUBRA EQ                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA 1.5/30                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA 1/20                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA 24 FE                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA FE 1.5/30                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA FE 1/20                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AVIANE                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AYUNA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AZURETTE                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BALZIVA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI 24 FE                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI FE 1.5/30                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI FE 1/20                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| <i>briellyn</i>                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMRESE                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMRESE LO                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| CAZANT                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CHARLOTTE 24 FE                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CHATEAL                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CHATEAL EQ                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| COMBIPATCH                                                                               | T3        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| CRYSELLE-28                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYCLAFEM 1/35                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYCLAFEM 7/7/7                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYRED                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYRED EQ                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DASETTA 1/35                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DASETTA 7/7/7                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DAYSEE                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DELYLA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>desogestrel-ethinyl estradiol</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DOLISHALE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>drospiren-eth estrad-levomefol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>drospirenone-ethinyl estradiol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| DUAVEE                                                                                   | T3        | ST                                                                                                                                                |                                                                                                                                                                                                                                             |
| ELINEST                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ELURYNG                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| EMOQUETTE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ENPRESSE-28                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ESTARYLLA                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>estradiol oral</i>                                                                    | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>estradiol transdermal patch twice weekly</i>                                          | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>estradiol transdermal patch weekly</i>                                                | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>estradiol vaginal</i>                                                                 | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>                           | T1        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| <i>estradiol-norethindrone acet</i>                                                      | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>ethynodiol diac-eth estradiol</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>etonogestrel-ethinyl estradiol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FALMINA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FAYOSIM                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FEMYNOR                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FYAVOLV                                                                                  | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| GEMMILY                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| HAILEY 1.5/30                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| HAILEY 24 FE                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| HAILEY FE 1.5/30                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| HAILEY FE 1/20                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ICLEVIA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| INTROVALE                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ISIBLOOM                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JAIMIESS                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JASMIEL                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JINTELI                                                                         | T1        | 90DS                                                                                                                               |                                                                                                                                                                                                                          |
| JOLESSA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JULEBER                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL 1.5/30                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL 1/20                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL FE 1.5/30                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL FE 1/20                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| JUNEL FE 24                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| KAITLIB FE                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| KALLIGA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KARIVA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KELNOR 1/35                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KELNOR 1/50                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KURVELO                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN 1.5/30                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN 1/20                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN 24 FE                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN FE 1.5/30                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN FE 1/20                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARISSIA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LAYOLIS FE                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEENA                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LESSINA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEVONEST                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgest-eth est &amp; eth est</i>                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgest-eth estrad 91-day</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| <i>levonorgestrel-ethinyl estrad</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEVORA 0.15/30 (28)                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LILLOW                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LOJAIMIESS                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LORYNA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LOW-OGESTREL                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LO-ZUMANDIMINE                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LUTERA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>marlissa</i>                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MELODETTA 24 FE                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG                                             | T3        | ST                                                                                                                                                |                                                                                                                                                                                                                                             |
| MERZEE                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MICROGESTIN 1.5/30                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MICROGESTIN 1/20                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MICROGESTIN 24 FE                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MICROGESTIN FE 1.5/30                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| MICROGESTIN FE 1/20                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MILI                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| MIMVEY                                                                                   | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| MONO-LINYAH                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| NECON 0.5/35 (28)                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| NIKKI                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norethin ace-eth estrad-fe oral capsule</i>                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norethindrone acet-ethinyl est oral tablet</i>                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>                            | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>norethindron-ethinyl estrad-fe</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norethin-eth estradiol-fe</i>                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>norgestim-eth estrad triphasic</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| NORTREL 0.5/35 (28)                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| NORTREL 1/35 (21)                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| NORTREL 1/35 (28)                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| NORTREL 7/7/7                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| NYLIA 1/35                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| NYLIA 7/7/7                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| NYMYO                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| OCELLA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| ORSYTHIA                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PHILITH                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PIMTREA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PIRMELLA 1/35                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PIRMELLA 7/7/7                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PORTIA-28                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| PREMARIN ORAL                                                                   | T3        | ST                                                                                                                                 |                                                                                                                                                                                                                          |
| PREMARIN VAGINAL                                                                | T3        |                                                                                                                                    |                                                                                                                                                                                                                          |
| PREMPHASE                                                                       | T3        |                                                                                                                                    |                                                                                                                                                                                                                          |
| PREMPRO                                                                         | T3        |                                                                                                                                    |                                                                                                                                                                                                                          |
| PREVIFEM                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| RECLIPSEN                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| RIVELSA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SETLAKIN                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| SIMLIYA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SIMPESSE                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SPRINTEC 28                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SRONYX                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SYEDA                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TARINA 24 FE                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TARINA FE 1/20                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TARINA FE 1/20 EQ                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TAYSOFY                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TILIA FE                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI FEMYNOR                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-ESTARYLLA                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LEGEST FE                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LINYAH                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-ESTARYLLA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-MARZIA                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-LO-MILI                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| TRI-LO-SPRINTEC                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-MILI                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-NYMYO                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-PREVIFEM                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-SPRINTEC                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRIVORA (28)                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-VYLIBRA                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TRI-VYLIBRA LO                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TYBLUME ORAL TABLET CHEWABLE                                                             | T2        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| TYDEMY                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| VELIVET                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| VESTURA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| VIENVA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>viorele</i>                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| VOLNEA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| VYFEMLA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| VYLIBRA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

|                                                                          |                                                                                                 | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
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| lowercase <i>italics</i> = Generic drugs<br>UPPERCASE = Brand name drugs | Drug Tier<br>T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty |                                                                                                                                                                         |
| Drug Name                                                                | Drug Tier                                                                                       | Requirements and Limits                                                                                                                                                 |
| WERA                                                                     | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| WYMZYA FE                                                                | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| XULANE                                                                   | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| YUVAFEM                                                                  | T1                                                                                              | 90DS                                                                                                                                                                    |
| ZAFEMY                                                                   | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZOVIA 1/35 (28)                                                          | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZOVIA 1/35E (28)                                                         | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZUMANDIMINE                                                              | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| Glycogenolytic Agents                                                    |                                                                                                 |                                                                                                                                                                         |
| BAQSIMI ONE PACK                                                         | T2                                                                                              | QL (4 EA per 30 days)                                                                                                                                                   |
| BAQSIMI TWO PACK                                                         | T2                                                                                              | QL (4 EA per 30 days)                                                                                                                                                   |
| <i>glucagon emergency injection kit</i>                                  | T2                                                                                              | QL (4 EA per 30 days)                                                                                                                                                   |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | T3                                                                                              | QL (0.4 ML per 30 days)                                                                                                                                                 |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML   | T3                                                                                              | QL (0.8 ML per 30 days)                                                                                                                                                 |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | T3                                                                                              | QL (0.4 ML per 30 days)                                                                                                                                                 |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML   | T3                                                                                              | QL (0.8 ML per 30 days)                                                                                                                                                 |
| GVOKE KIT                                                                | T3                                                                                              | QL (0.8 ML per 30 days)                                                                                                                                                 |
| GVOKE PFS SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 0.5 MG/0.1ML        | T3                                                                                              | QL (0.4 ML per 30 days)                                                                                                                                                 |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| GVOKE PFS SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 1 MG/0.2ML                                                | T3        | QL (0.8 ML per 30 days)                                                                                                                                                                |
| Gonadotropins                                                                                                  |           |                                                                                                                                                                                        |
| ELIGARD                                                                                                        | T4        | PA                                                                                                                                                                                     |
| FOLLISTIM AQ SUBCUTANEOUS                                                                                      | T4        | PA                                                                                                                                                                                     |
| GONAL-F                                                                                                        | T4        | PA                                                                                                                                                                                     |
| GONAL-F RFF                                                                                                    | T4        | PA                                                                                                                                                                                     |
| GONAL-F RFF REDIJECT<br>SUBCUTANEOUS SOLUTION PEN-<br>INJECTOR                                                 | T4        | PA                                                                                                                                                                                     |
| <i>leuprolide acetate (3 month)</i>                                                                            | T4        | PA                                                                                                                                                                                     |
| <i>leuprolide acetate injection</i>                                                                            | T4        |                                                                                                                                                                                        |
| LUPRON DEPOT (1-MONTH)                                                                                         | T4        | PA                                                                                                                                                                                     |
| LUPRON DEPOT (3-MONTH)                                                                                         | T4        | PA                                                                                                                                                                                     |
| LUPRON DEPOT (4-MONTH)                                                                                         | T4        | PA                                                                                                                                                                                     |
| LUPRON DEPOT (6-MONTH)                                                                                         | T4        | PA                                                                                                                                                                                     |
| LUPRON DEPOT-PED (1-MONTH)<br>INTRAMUSCULAR KIT 7.5 MG                                                         | T4        | PA                                                                                                                                                                                     |
| LUPRON DEPOT-PED (3-MONTH)<br>INTRAMUSCULAR KIT 11.25 MG (PED)                                                 | T4        | PA                                                                                                                                                                                     |
| LUPRON DEPOT-PED (6-MONTH)                                                                                     | T4        | PA                                                                                                                                                                                     |
| MENOPUR                                                                                                        | T4        | PA                                                                                                                                                                                     |
| NOVAREL                                                                                                        | T4        | PA                                                                                                                                                                                     |
| OVIDREL                                                                                                        | T4        | PA                                                                                                                                                                                     |
| PREGNYL                                                                                                        | T4        | PA                                                                                                                                                                                     |
| SYNAREL                                                                                                        | T4        | PA                                                                                                                                                                                     |
| TRELSTAR MIXJECT                                                                                               | T4        | PA                                                                                                                                                                                     |
| Incretin Mimetics                                                                                              |           |                                                                                                                                                                                        |
| MOUNJARO                                                                                                       | T2        | ST; 90DS; QL (2 ML per 28 days)                                                                                                                                                        |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SUBCUTANEOUS SOLUTION PEN-<br>INJECTOR 2 MG/3ML                               | T2        | ST; 90DS; QL (3 ML per 28 days)                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML                                                | T2        | ST; 90DS; QL (3 ML per 28 days)                                                                                                                                                        |
| OZEMPIC (2 MG/DOSE)                                                                                            | T2        | ST; 90DS; QL (3 ML per 28 days)                                                                                                                                                        |
| RYBELSUS                                                                                                       | T2        | ST; 90DS; QL (30 EA per 30 days)                                                                                                                                                       |
| SOLIQUA                                                                                                        | T2        | ST; 90DS                                                                                                                                                                               |
| TRULICITY                                                                                                      | T2        | ST; 90DS; QL (2 ML per 28 days)                                                                                                                                                        |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                     | T2        | ST; 90DS; QL (9 ML per 30 days)                                                                                                                                                        |
| XULTOPHY                                                                                                       | T3        | ST                                                                                                                                                                                     |
| Intermediate-Acting Insulins                                                                                   |           |                                                                                                                                                                                        |
| HUMULIN 70/30                                                                                                  | T2        | 90DS                                                                                                                                                                                   |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                                                     | T2        | 90DS                                                                                                                                                                                   |
| HUMULIN N                                                                                                      | T2        | 90DS                                                                                                                                                                                   |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                                                         | T2        | 90DS                                                                                                                                                                                   |
| Long-Acting Insulins                                                                                           |           |                                                                                                                                                                                        |
| <i>insulin degludec</i>                                                                                        | T2        | ST; 90DS                                                                                                                                                                               |
| <i>insulin degludec flextouch</i>                                                                              | T2        | ST; 90DS                                                                                                                                                                               |
| <i>insulin glargine-yfgn</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| LANTUS                                                                                                         | T3        | ST                                                                                                                                                                                     |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                             | T3        | ST                                                                                                                                                                                     |
| LEVEMIR                                                                                                        | T3        | ST                                                                                                                                                                                     |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                             | T3        | ST                                                                                                                                                                                     |
| LEVEMIR FLEXTOUCH                                                                                              | T3        | ST                                                                                                                                                                                     |
| REZVOGLAR KWIKPEN                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| SOLIQUA                                                                                                        | T2        | ST; 90DS                                                                                                                                                                               |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| TOUJEO MAX SOLOSTAR                                                                                            | T3        | ST                                                                                                                                                                                     |
| TOUJEO SOLOSTAR                                                                                                | T3        | ST                                                                                                                                                                                     |
| XULTOPHY                                                                                                       | T3        | ST                                                                                                                                                                                     |
| Meglitinides                                                                                                   |           |                                                                                                                                                                                        |
| <i>nateglinide</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>repaglinide</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| Parathyroid Agents                                                                                             |           |                                                                                                                                                                                        |
| NATPARA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>teriparatide (recombinant)</i>                                                                              | T4        | PA                                                                                                                                                                                     |
| TYMLOS                                                                                                         | T4        | PA                                                                                                                                                                                     |
| Pituitary                                                                                                      |           |                                                                                                                                                                                        |
| ACTHAR                                                                                                         | T4        | PA                                                                                                                                                                                     |
| CORTROPHIN                                                                                                     | T4        | PA                                                                                                                                                                                     |
| <i>desmopressin ace spray refrig</i>                                                                           | T1        | 90DS; QL (15 ML per 30 days)                                                                                                                                                           |
| <i>desmopressin acetate oral</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>desmopressin acetate spray</i>                                                                              | T1        | 90DS; QL (15 ML per 30 days)                                                                                                                                                           |
| GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE                                                             | T4        | PA                                                                                                                                                                                     |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE                                                                              | T4        | PA                                                                                                                                                                                     |
| HUMATROPE INJECTION CARTRIDGE                                                                                  | T4        | PA                                                                                                                                                                                     |
| NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                         | T4        | PA                                                                                                                                                                                     |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                       | T4        | PA                                                                                                                                                                                     |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                       | T4        | PA                                                                                                                                                                                     |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                        | T4        | PA                                                                                                                                                                                     |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                     | Drug Tier | Requirements and Limits                                                                                                                                                                                                                   |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE                                                                                                                                                                                                     | T4        | PA                                                                                                                                                                                                                                        |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED                                                                                                                                                                                                 | T4        | PA                                                                                                                                                                                                                                        |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG                                                                                                                                                                                 | T4        | PA                                                                                                                                                                                                                                        |
| Progestins                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                           |
| AFIRMELLE                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| ALTAVERA                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| <i>alyacen 1/35</i>                                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| <i>alyacen 7/7/7</i>                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AMETHIA                                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AMETHYST                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| APRI                                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| ARANELLE                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| ASHLYNA                                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AUBRA                                                                                                                                                                                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AUBRA EQ                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AUROVELA 1.5/30                                                                                                                                                                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AUROVELA 1/20                                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |
| AUROVELA 24 FE                                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                               |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| AUROVELA FE 1.5/30                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AUROVELA FE 1/20                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AVIANE                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AYUNA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| AZURETTE                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BALZIVA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI 24 FE                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI FE 1.5/30                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| BLISOVI FE 1/20                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| <i>briellyn</i>                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMILA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMRESE                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAMRESE LO                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CAZIAN                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CHARLOTTE 24 FE                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CHATEAL                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| CHATEAL EQ                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| COMBIPATCH                                                                      | T3        |                                                                                                                                    |                                                                                                                                                                                                                          |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| CRINONE                                                                                  | T3        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| CRYSELLE-28                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYCLAFEM 1/35                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYCLAFEM 7/7/7                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYRED                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| CYRED EQ                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DASETTA 1/35                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DASETTA 7/7/7                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DAYSEE                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DEBLITANE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DELYLA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>desogestrel-ethinyl estradiol</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| DOLISHALE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>drospiren-eth estrad-levomefol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>drospirenone-ethinyl estradiol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ECONTRA EZ                                                                               | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ECONTRA ONE-STEP                                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ELINEST                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| ELLA                                                                                     | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ELURYNG                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| EMOQUETTE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ENDOMETRIN                                                                               | T2        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENPRESSE-28                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ERRIN                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ESTARYLLA                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>estradiol-norethindrone acet</i>                                                      | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>ethynodiol diac-eth estradiol</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>etonogestrel-ethinyl estradiol</i>                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FALMINA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FAYOSIM                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FEMYNOR                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| FYAVOLV                                                                                  | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| GEMMILY                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY 1.5/30                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY 24 FE                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HAILEY FE 1.5/30                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| HAILEY FE 1/20                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| HEATHER                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ICLEVIA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| INCASSIA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| INTROVALE                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| ISIBLOOM                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JAIMIESS                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JASMIEL                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JENCYCLA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JINTELI                                                                                  | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| JOLESSA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JULEBER                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL 1.5/30                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL 1/20                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL FE 1.5/30                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL FE 1/20                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| JUNEL FE 24                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KAITLIB FE                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| KALLIGA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KARIVA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KELNOR 1/35                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KELNOR 1/50                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| KURVELO                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN 1.5/30                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN 1/20                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN 24 FE                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN FE 1.5/30                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARIN FE 1/20                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LARISSIA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LAYOLIS FE                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEENA                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LESSINA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| LEVONEST                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgest-eth est &amp; eth est</i>                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>levonorgest-eth estrad 91-day</i>                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>levonorgestrel-ethinyl estrad</i>                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LEVORA 0.15/30 (28)                                                                                                                                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LILLOW                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LOJAIMIESS                                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LORYNA                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LOW-OGESTREL                                                                                                                                                                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LO-ZUMANDIMINE                                                                                                                                                                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LUTERA                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LYLEQ                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| LYZA                                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>marlissa</i>                                                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>medroxyprogesterone acetate intramuscular</i>                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| <i>medroxyprogesterone acetate oral</i>                                                                                                                                                                                                    | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>                                                                                                                                                                             | T1        |                                                                                                                                                                                                                                             |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                                                                                                                                                                                        | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>megestrol acetate oral tablet</i>                                                                                                                                                                                                       | T1        |                                                                                                                                                                                                                                             |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| MELODETTA 24 FE                                                                                                                                                                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MERZEE                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN 1.5/30                                                                                                                                                                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN 1/20                                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN 24 FE                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN FE 1.5/30                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MICROGESTIN FE 1/20                                                                                                                                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MILI                                                                                                                                                                                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MIMVEY                                                                                                                                                                                                                                     | T1        | 90DS                                                                                                                                                                                                                                        |
| MONO-LINYAH                                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| MY CHOICE                                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| MY WAY                                                                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NECON 0.5/35 (28)                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NEW DAY                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                                                                       |
| NIKKI                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORA-BE                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethin ace-eth estrad-fe oral capsule</i>                                                                                                                                                                                             | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                                                                                                                                                                  | Drug Tier | Requirements and Limits                                                                                                                                                                                                                     |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>                                                                                                                                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethindrone acetate oral</i>                                                                                                                                                                                                          | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>norethindrone acet-ethinyl est oral tablet</i>                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethindrone oral</i>                                                                                                                                                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>                                                                                                                                                                              | T1        | 90DS                                                                                                                                                                                                                                        |
| <i>norethindron-ethinyl estrad-fe</i>                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norethin-eth estradiol-fe</i>                                                                                                                                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                                                                                                                                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| <i>norgestim-eth estrad triphasic</i>                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORLYDA                                                                                                                                                                                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORLYROC                                                                                                                                                                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 0.5/35 (28)                                                                                                                                                                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 1/35 (21)                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 1/35 (28)                                                                                                                                                                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NORTREL 7/7/7                                                                                                                                                                                                                              | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NYLIA 1/35                                                                                                                                                                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NYLIA 7/7/7                                                                                                                                                                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |
| NYMYO                                                                                                                                                                                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                                                 |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| OCELLA                                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| OPCICON ONE-STEP                                                                         | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| OPTION 2                                                                                 | T1        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| ORSYTHIA                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| PHILITH                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| PIMTREA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| PIRMELLA 1/35                                                                            | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| PIRMELLA 7/7/7                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| PORTIA-28                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| PREMPHASE                                                                                | T3        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| PREMPRO                                                                                  | T3        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| PREVIFEM                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| <i>progesterone oral</i>                                                                 | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| RECLIPSEN                                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| RIVELSA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SETLAKIN                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SHAROBEL                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SIMLIYA                                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |
| SIMPESSE                                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                       |                                                                                                                                                                                                                                             |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| SPRINTEC 28                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SRONYX                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| SYEDA                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TAKE ACTION                                                                     | T1        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| TARINA 24 FE                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TARINA FE 1/20                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TARINA FE 1/20 EQ                                                               | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TAYSOFY                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TILIA FE                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI FEMYNOR                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-ESTARYLLA                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-LEGEST FE                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-LINYAH                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-LO-ESTARYLLA                                                                | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-LO-MARZIA                                                                   | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-LO-MILI                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-LO-SPRINTEC                                                                 | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| TRI-MILI                                                                        | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-NYMYO                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-PREVIFEM                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-SPRINTEC                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRIVORA (28)                                                                    | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-VYLIBRA                                                                     | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TRI-VYLIBRA LO                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TULANA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TYBLUME ORAL TABLET CHEWABLE                                                    | T2        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| TYDEMY                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VELIVET                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VESTURA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VIENVA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| <i>viorele</i>                                                                  | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VOLNEA                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VYFEMLA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |
| VYLIBRA                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                        |                                                                                                                                                                                                                          |

|                                                                          |                                                                                                 | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
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| lowercase <i>italics</i> = Generic drugs<br>UPPERCASE = Brand name drugs | Drug Tier<br>T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty |                                                                                                                                                                         |
| Drug Name                                                                | Drug Tier                                                                                       | Requirements and Limits                                                                                                                                                 |
| WERA                                                                     | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| WYMZYA FE                                                                | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| XULANE                                                                   | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZAFEMY                                                                   | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZOVIA 1/35 (28)                                                          | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZOVIA 1/35E (28)                                                         | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| ZUMANDIMINE                                                              | T1                                                                                              | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                             |
| Rapid-Acting Insulins                                                    |                                                                                                 |                                                                                                                                                                         |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML           | T2                                                                                              | 90DS                                                                                                                                                                    |
| HUMALOG MIX 50/50                                                        | T2                                                                                              | 90DS                                                                                                                                                                    |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR           | T2                                                                                              | 90DS                                                                                                                                                                    |
| HUMALOG MIX 75/25                                                        | T2                                                                                              | 90DS                                                                                                                                                                    |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR           | T2                                                                                              | 90DS                                                                                                                                                                    |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE                                  | T2                                                                                              | 90DS                                                                                                                                                                    |
| <i>insulin lispro (1 unit dial)</i>                                      | T1                                                                                              | 90DS                                                                                                                                                                    |
| <i>insulin lispro injection</i>                                          | T1                                                                                              | 90DS                                                                                                                                                                    |
| <i>insulin lispro junior kwikpen</i>                                     | T1                                                                                              | 90DS                                                                                                                                                                    |
| Short-Acting Insulins                                                    |                                                                                                 |                                                                                                                                                                         |
| HUMULIN 70/30                                                            | T2                                                                                              | 90DS                                                                                                                                                                    |

|                                                                                            |                                                                                                                                    | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
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| Drug Name                                                                                  | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                 |
| HUMULIN 70/30 KWIKPEN<br>SUBCUTANEOUS SUSPENSION PEN-INJECTOR                              | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| HUMULIN R                                                                                  | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| HUMULIN R U-500 (CONCENTRATED)                                                             | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| HUMULIN R U-500 KWIKPEN<br>SUBCUTANEOUS SOLUTION PEN-INJECTOR                              | T2                                                                                                                                 | 90DS                                                                                                                                                                    |
| <b>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</b>                                             |                                                                                                                                    |                                                                                                                                                                         |
| FARXIGA                                                                                    | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| GLYXAMBI                                                                                   | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| JARDIANCE                                                                                  | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| SYNJARDY                                                                                   | T2                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| SYNJARDY XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 10-1000 MG, 12.5-1000<br>MG, 5-1000 MG | T2                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| SYNJARDY XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 25-1000 MG                             | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| TRIJARDY XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 10-5-1000 MG, 25-5-<br>1000 MG         | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| TRIJARDY XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-<br>2.5-1000 MG    | T2                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| XIGDUO XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 10-1000 MG, 10-500<br>MG, 5-500 MG       | T2                                                                                                                                 | 90DS; QL (30 EA per 30 days)                                                                                                                                            |
| XIGDUO XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 2.5-1000 MG, 5-1000<br>MG                | T2                                                                                                                                 | 90DS; QL (60 EA per 30 days)                                                                                                                                            |
| <b>Somatostatin Agonists</b>                                                               |                                                                                                                                    |                                                                                                                                                                         |
| <i>lanreotide acetate</i>                                                                  | T4                                                                                                                                 | PA                                                                                                                                                                      |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>        | T4        | PA                                                                                                                                                                                     |
| <i>octreotide acetate subcutaneous</i>                                                                         | T4        | PA                                                                                                                                                                                     |
| SANDOSTATIN LAR DEPOT                                                                                          | T4        | PA                                                                                                                                                                                     |
| SIGNIFOR                                                                                                       | T4        | PA                                                                                                                                                                                     |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML                                                | T4        | PA                                                                                                                                                                                     |
| <b>Somatotropin Agonists</b>                                                                                   |           |                                                                                                                                                                                        |
| EGRIFTA SV                                                                                                     | T4        | PA                                                                                                                                                                                     |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE                                                            | T4        | PA                                                                                                                                                                                     |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE                                                                              | T4        | PA                                                                                                                                                                                     |
| HUMATROPE INJECTION CARTRIDGE                                                                                  | T4        | PA                                                                                                                                                                                     |
| INCRELEX                                                                                                       | T4        | PA                                                                                                                                                                                     |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                         | T4        | PA                                                                                                                                                                                     |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                       | T4        | PA                                                                                                                                                                                     |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                       | T4        | PA                                                                                                                                                                                     |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                        | T4        | PA                                                                                                                                                                                     |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE                                                                      | T4        | PA                                                                                                                                                                                     |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED                                                                  | T4        | PA                                                                                                                                                                                     |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG                                                  | T4        | PA                                                                                                                                                                                     |
| <b>Somatotropin Antagonists</b>                                                                                |           |                                                                                                                                                                                        |

|                                                                                                                     |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                           |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty      |           |                                                                                                                                                                                        |
| Drug Name                                                                                                           | Drug Tier | Requirements and Limits                                                                                                                                                                |
| SOMAVERT                                                                                                            | T4        | PA                                                                                                                                                                                     |
| <b>Sulfonylureas</b>                                                                                                |           |                                                                                                                                                                                        |
| <i>glimepiride</i>                                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>glipizide er</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>glipizide oral</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>glipizide xl</i>                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>glipizide-metformin hcl</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>glyburide micronized</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>glyburide oral</i>                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>glyburide-metformin</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <b>Thiazolidinediones</b>                                                                                           |           |                                                                                                                                                                                        |
| <i>pioglitazone hcl</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>pioglitazone hcl-metformin hcl</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <b>Thyroid Agents</b>                                                                                               |           |                                                                                                                                                                                        |
| <i>levothyroxine sodium oral tablet</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| LEVOXYL                                                                                                             | T2        | 90DS                                                                                                                                                                                   |
| <i>liothyronine sodium oral</i>                                                                                     | T1        | 90DS                                                                                                                                                                                   |
| SYNTHROID                                                                                                           | T2        | 90DS                                                                                                                                                                                   |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T3        |                                                                                                                                                                                        |
| <b>Local Anesthetics (Parenteral)</b>                                                                               |           |                                                                                                                                                                                        |
| <b>Local Anesthetics (Parenteral)</b>                                                                               |           |                                                                                                                                                                                        |
| ZTLIDO                                                                                                              | T3        | PA                                                                                                                                                                                     |
| <b>Miscellaneous Therapeutic Agents</b>                                                                             |           |                                                                                                                                                                                        |
| <b>5-Alpha-Reductase Inhibitors</b>                                                                                 |           |                                                                                                                                                                                        |
| <i>dutasteride oral</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>dutasteride-tamsulosin hcl</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>finasteride oral tablet 5 mg</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <b>Alcohol Deterrents</b>                                                                                           |           |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>disulfiram oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>naltrexone hcl oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <b>Antidotes</b>                                                                                               |           |                                                                                                                                                                                        |
| <i>acetylcysteine inhalation</i>                                                                               | T1        |                                                                                                                                                                                        |
| BAQSIMI ONE PACK                                                                                               | T2        | QL (4 EA per 30 days)                                                                                                                                                                  |
| BAQSIMI TWO PACK                                                                                               | T2        | QL (4 EA per 30 days)                                                                                                                                                                  |
| FOSRENOL ORAL PACKET                                                                                           | T3        |                                                                                                                                                                                        |
| <i>glucagon emergency injection kit</i>                                                                        | T2        | QL (4 EA per 30 days)                                                                                                                                                                  |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML                                       | T3        | QL (0.4 ML per 30 days)                                                                                                                                                                |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML                                         | T3        | QL (0.8 ML per 30 days)                                                                                                                                                                |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML                                       | T3        | QL (0.4 ML per 30 days)                                                                                                                                                                |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML                                         | T3        | QL (0.8 ML per 30 days)                                                                                                                                                                |
| GVOKE KIT                                                                                                      | T3        | QL (0.8 ML per 30 days)                                                                                                                                                                |
| GVOKE PFS SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 0.5 MG/0.1ML                                              | T3        | QL (0.4 ML per 30 days)                                                                                                                                                                |
| GVOKE PFS SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 1 MG/0.2ML                                                | T3        | QL (0.8 ML per 30 days)                                                                                                                                                                |
| <i>lanthanum carbonate</i>                                                                                     | T1        | PA; 90DS                                                                                                                                                                               |
| <i>leucovorin calcium oral</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>naloxone hcl injection solution cartridge</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>naloxone hcl injection solution prefilled syringe</i>                                                       | T1        |                                                                                                                                                                                        |
| <i>naltrexone hcl oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>sevelamer carbonate oral packet</i>                                                                         | T1        | PA; 90DS                                                                                                                                                                               |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>sevelamer carbonate oral tablet</i>                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>sodium polystyrene sulfonate oral powder</i>                                                                                    | T1        |                                                                                                                                                                                        |
| SPS                                                                                                                                | T3        |                                                                                                                                                                                        |
| Antigout Agents                                                                                                                    |           |                                                                                                                                                                                        |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>colchicine oral tablet</i>                                                                                                      | T1        |                                                                                                                                                                                        |
| <i>colchicine-probenecid</i>                                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>ec-naproxen</i>                                                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>febuxostat</i>                                                                                                                  | T1        | ST; 90DS                                                                                                                                                                               |
| <i>indomethacin er</i>                                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>naproxen oral tablet</i>                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>naproxen oral tablet delayed release</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>probenecid oral</i>                                                                                                             | T1        | 90DS                                                                                                                                                                                   |
| Antisense Oligonucleotides                                                                                                         |           |                                                                                                                                                                                        |
| TEGSEDI                                                                                                                            | T4        | PA                                                                                                                                                                                     |
| Bone Anabolic Agents                                                                                                               |           |                                                                                                                                                                                        |
| NATPARA                                                                                                                            | T4        | PA                                                                                                                                                                                     |
| <i>teriparatide (recombinant)</i>                                                                                                  | T4        | PA                                                                                                                                                                                     |
| TYMLOS                                                                                                                             | T4        | PA                                                                                                                                                                                     |
| Bone Resorption Inhibitors                                                                                                         |           |                                                                                                                                                                                        |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>calcitonin (salmon) nasal</i>                                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>estradiol oral</i>                                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>estradiol transdermal patch twice weekly</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>estradiol transdermal patch weekly</i>                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>estradiol vaginal</i>                                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>                                                                     | T1        |                                                                                                                                                                                        |

|                                                                                 |                                                                                                                                    | <b>Requirements and Limits</b><br><b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
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| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                                                                  |
| <i>ibandronate sodium oral</i>                                                  | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG                                    | T3                                                                                                                                 | ST                                                                                                                                                                                                                       |
| PREMARIN ORAL                                                                   | T3                                                                                                                                 | ST                                                                                                                                                                                                                       |
| PREMARIN VAGINAL                                                                | T3                                                                                                                                 |                                                                                                                                                                                                                          |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                  | T4                                                                                                                                 | PA                                                                                                                                                                                                                       |
| <i>raloxifene hcl</i>                                                           | T1                                                                                                                                 | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                                                              |
| <i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>                       | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| <i>risedronate sodium oral tablet 30 mg</i>                                     | T1                                                                                                                                 |                                                                                                                                                                                                                          |
| YUVAFEM                                                                         | T1                                                                                                                                 | 90DS                                                                                                                                                                                                                     |
| Bradykinin Receptor Antagonists                                                 |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>icatibant acetate</i>                                                        | T4                                                                                                                                 | PA                                                                                                                                                                                                                       |
| Cariostatic Agents                                                              |                                                                                                                                    |                                                                                                                                                                                                                          |
| <i>sf</i>                                                                       | T1                                                                                                                                 | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                                                         |
| <i>sf 5000 plus</i>                                                             | T1                                                                                                                                 | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                                                         |
| <i>sodium fluoride 5000 plus</i>                                                | T1                                                                                                                                 | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                                                         |
| <i>sodium fluoride 5000 ppm dental cream</i>                                    | T1                                                                                                                                 | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                                                         |
| <i>sodium fluoride dental cream</i>                                             | T1                                                                                                                                 | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                                                         |
| <i>sodium fluoride dental gel 1.1 %</i>                                         | T1                                                                                                                                 | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                                                         |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>                                                         | T1        | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                       |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                                                                | T1        | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                       |
| <i>sodium fluoride oral tablet chewable</i>                                                                    | T1        | \$0 copay for members ages 6 months through 4 years of age; 90DS                                                                                                                       |
| Complement Inhibitors                                                                                          |           |                                                                                                                                                                                        |
| BERINERT                                                                                                       | T4        | PA                                                                                                                                                                                     |
| CINRYZE                                                                                                        | T4        | PA                                                                                                                                                                                     |
| EMPAVELI                                                                                                       | T4        | PA                                                                                                                                                                                     |
| HAEGARDA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| RUCONEST                                                                                                       | T4        | PA                                                                                                                                                                                     |
| TAVNEOS                                                                                                        | T4        | PA                                                                                                                                                                                     |
| Disease-Modifying Antirheumatic Agents                                                                         |           |                                                                                                                                                                                        |
| ACTEMRA ACTPEN                                                                                                 | T4        | PA                                                                                                                                                                                     |
| ACTEMRA SUBCUTANEOUS                                                                                           | T4        | PA                                                                                                                                                                                     |
| <i>adalimumab-fkjp</i>                                                                                         | T4        | PA                                                                                                                                                                                     |
| <i>azathioprine oral tablet 50 mg</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| CIBINQO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                                                          | T4        | PA                                                                                                                                                                                     |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                                                             | T4        | PA                                                                                                                                                                                     |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                      | T4        | PA                                                                                                                                                                                     |
| COSENTYX                                                                                                       | T4        | PA                                                                                                                                                                                     |
| COSENTYX (300 MG DOSE)                                                                                         | T4        | PA                                                                                                                                                                                     |
| COSENTYX SENSOREADY (300 MG)                                                                                   | T4        | PA                                                                                                                                                                                     |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p>               |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|--------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                              | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML                                  | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| COSENTYX UNOREADY                                                                                      | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>cyclosporine modified</i>                                                                           | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>cyclosporine oral capsule</i>                                                                       | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| ENBREL MINI                                                                                            | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                                               | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                         | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED                                                             | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                   | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                                                     | T2        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| GENGRAF ORAL SOLUTION                                                                                  | T2        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| HADLIMA                                                                                                | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HADLIMA PUSHTOUCH                                                                                      | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                                      | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HUMIRA PEN-CD/UC/HS STARTER                                                                            | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                               | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HUMIRA PEN-PSOR/UEIT STARTER                                                                           | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML           | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                                    |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| KEVZARA                                                                                                                            | T4        | PA                                                                                                                                                                                     |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                    | T4        | PA                                                                                                                                                                                     |
| <i>leflunomide oral</i>                                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>methotrexate oral</i>                                                                                                           | T1        |                                                                                                                                                                                        |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>                                                                       | T1        |                                                                                                                                                                                        |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>methotrexate sodium oral</i>                                                                                                    | T1        |                                                                                                                                                                                        |
| OLUMIANT ORAL TABLET 1 MG, 2 MG                                                                                                    | T4        | PA                                                                                                                                                                                     |
| ORENCIA CLICKJECT                                                                                                                  | T4        | PA                                                                                                                                                                                     |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                    | T4        | PA                                                                                                                                                                                     |
| OTEZLA ORAL TABLET                                                                                                                 | T4        | PA                                                                                                                                                                                     |
| OTEZLA ORAL TABLET THERAPY PACK                                                                                                    | T4        | PA                                                                                                                                                                                     |
| <i>penicillamine oral</i>                                                                                                          | T1        | PA                                                                                                                                                                                     |
| REDITREX                                                                                                                           | T3        | ST                                                                                                                                                                                     |
| RINVOQ                                                                                                                             | T4        | PA                                                                                                                                                                                     |
| SANDIMMUNE ORAL SOLUTION                                                                                                           | T3        | AL (Max 12 Years)                                                                                                                                                                      |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                        | T4        | PA                                                                                                                                                                                     |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                    | T4        | PA                                                                                                                                                                                     |
| <i>sulfasalazine oral</i>                                                                                                          | T1        | 90DS                                                                                                                                                                                   |
| XATMEP                                                                                                                             | T3        | PA                                                                                                                                                                                     |
| XELJANZ                                                                                                                            | T4        | PA                                                                                                                                                                                     |
| XELJANZ XR                                                                                                                         | T4        | PA                                                                                                                                                                                     |
| Immunomodulatory Agents                                                                                                            |           |                                                                                                                                                                                        |
| ACTEMRA ACTPEN                                                                                                                     | T4        | PA                                                                                                                                                                                     |
| ACTEMRA SUBCUTANEOUS                                                                                                               | T4        | PA                                                                                                                                                                                     |

| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE</b> = Brand name drugs</p> |           | <p><b>Drug Tier</b><br/> <b>T1</b> = Generic<br/> <b>T2</b> = Preferred Brand<br/> <b>T3</b> = Non-Preferred Brand<br/> <b>T4</b> = Specialty</p> | <p><b>Requirements and Limits</b><br/> <b>90DS</b> = 90 Day Supply Eligible<br/> <b>AL</b> = Age Limit<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>ST</b> = Step Therapy<br/> <b>ST</b> = Step Therapy</p> |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| ACTIMMUNE                                                                                | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>adalimumab-fkjp</i>                                                                   | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| AUBAGIO                                                                                  | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                                               | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT                                     | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>azathioprine oral tablet 50 mg</i>                                                    | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| BAFIERTAM                                                                                | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| BETASERON SUBCUTANEOUS KIT                                                               | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                                    | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                                       | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                                | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>cyclosporine modified</i>                                                             | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>cyclosporine oral capsule</i>                                                         | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| <i>dimethyl fumarate oral</i>                                                            | T1        | PA; 90DS                                                                                                                                          |                                                                                                                                                                                                                                             |
| <i>dimethyl fumarate starter pack</i>                                                    | T1        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL MINI                                                                              | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                                 | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                           | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED                                               | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                     | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| EXTAVIA SUBCUTANEOUS KIT                                                                 | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>fingolimod hcl</i>                                                                    | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                                       | T2        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| GENGRAF ORAL SOLUTION                                                                    | T2        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>glatiramer acetate</i>                                                                                      | T4        | PA                                                                                                                                                                                     |
| GLATOPA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| HADLIMA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| HADLIMA PUSHTOUCH                                                                                              | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML         | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                                              | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN-CD/UC/HS STARTER                                                                                    | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                                       | T4        | PA                                                                                                                                                                                     |
| HUMIRA PEN-PSOR/UEIT STARTER                                                                                   | T4        | PA                                                                                                                                                                                     |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML                   | T4        | PA                                                                                                                                                                                     |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                           | T1        | 90DS                                                                                                                                                                                   |
| INTRON A                                                                                                       | T4        |                                                                                                                                                                                        |
| KESIMPTA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                | T4        | PA                                                                                                                                                                                     |
| <i>leflunomide oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>lenalidomide</i>                                                                                            | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (10 TABS)                                                                                            | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (4 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (5 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (6 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (7 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (8 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (9 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| MAYZENT                                                                                  | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| MAYZENT STARTER PACK                                                                     | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>methotrexate oral</i>                                                                 | T1        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>                             | T1        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                     | T1        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| <i>methotrexate sodium oral</i>                                                          | T1        |                                                                                                                                                   |                                                                                                                                                                                                                                             |
| ORENCIA CLICKJECT                                                                        | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                          | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| OTEZLA ORAL TABLET                                                                       | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| OTEZLA ORAL TABLET THERAPY PACK                                                          | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| POMALYST                                                                                 | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                       | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                        | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                            | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                             | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| REVLIMID                                                                                 | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| SANDIMMUNE ORAL SOLUTION                                                                 | T3        | AL (Max 12 Years)                                                                                                                                 |                                                                                                                                                                                                                                             |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                              | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                          | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>sulfasalazine oral</i>                                                                | T1        | 90DS                                                                                                                                              |                                                                                                                                                                                                                                             |
| TASCENSO ODT                                                                             | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| <i>teriflunomide</i>                                                                     | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |
| THALOMID                                                                                 | T4        | PA                                                                                                                                                |                                                                                                                                                                                                                                             |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| VUMERITY                                                                                                       | T4        | PA                                                                                                                                                                                     |
| XATMEP                                                                                                         | T3        | PA                                                                                                                                                                                     |
| ZEPOSIA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| ZEPOSIA 7-DAY STARTER PACK                                                                                     | T4        | PA                                                                                                                                                                                     |
| ZEPOSIA STARTER KIT                                                                                            | T4        | PA                                                                                                                                                                                     |
| Immunosuppressive Agents                                                                                       |           |                                                                                                                                                                                        |
| ASTAGRAF XL                                                                                                    | T4        |                                                                                                                                                                                        |
| <i>azathioprine oral tablet 50 mg</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| BENLYSTA SUBCUTANEOUS                                                                                          | T4        | PA                                                                                                                                                                                     |
| <i>cyclophosphamide oral capsule</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>cyclosporine modified</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| <i>cyclosporine oral capsule</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| ENVARBUS XR                                                                                                    | T4        |                                                                                                                                                                                        |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                                                   | T4        |                                                                                                                                                                                        |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                                                             | T2        | 90DS                                                                                                                                                                                   |
| GENGRAF ORAL SOLUTION                                                                                          | T2        | 90DS                                                                                                                                                                                   |
| HYFTOR                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <i>leflunomide oral</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| LUPKYNIS                                                                                                       | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (10 TABS)                                                                                            | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (4 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (5 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (6 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (7 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (8 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| MAVENCLAD (9 TABS)                                                                                             | T4        | PA                                                                                                                                                                                     |
| <i>mercaptopurine oral</i>                                                                                     | T1        |                                                                                                                                                                                        |
| <i>methotrexate oral</i>                                                                                       | T1        |                                                                                                                                                                                        |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>                                                   | T1        |                                                                                                                                                                                        |

|                                                                                 |                                                                                                                                    | Requirements and Limits<br>90DS = 90 Day Supply Eligible<br>AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
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| Drug Name                                                                       | Drug Tier                                                                                                                          | Requirements and Limits                                                                                                                                                 |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>            | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>methotrexate sodium oral</i>                                                 | T1                                                                                                                                 |                                                                                                                                                                         |
| <i>mycophenolate mofetil oral</i>                                               | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>mycophenolate sodium</i>                                                     | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>pimecrolimus</i>                                                             | T1                                                                                                                                 | ST                                                                                                                                                                      |
| PROGRAF ORAL PACKET                                                             | T3                                                                                                                                 |                                                                                                                                                                         |
| PURIXAN                                                                         | T4                                                                                                                                 |                                                                                                                                                                         |
| SANDIMMUNE ORAL SOLUTION                                                        | T3                                                                                                                                 | AL (Max 12 Years)                                                                                                                                                       |
| <i>sirolimus oral</i>                                                           | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| <i>tacrolimus external ointment</i>                                             | T1                                                                                                                                 | ST                                                                                                                                                                      |
| <i>tacrolimus oral</i>                                                          | T1                                                                                                                                 | 90DS                                                                                                                                                                    |
| XATMEP                                                                          | T3                                                                                                                                 | PA                                                                                                                                                                      |
| Kallikrein Inhibitors                                                           |                                                                                                                                    |                                                                                                                                                                         |
| KALBITOR                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| ORLADEYO                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| TAKHZYRO                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| Kallikrein-Kinin System Inhibitors                                              |                                                                                                                                    |                                                                                                                                                                         |
| BERINERT                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| CINRYZE                                                                         | T4                                                                                                                                 | PA                                                                                                                                                                      |
| EMPAVELI                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| HAEGARDA                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| <i>icatibant acetate</i>                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| KALBITOR                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| ORLADEYO                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| RUCONEST                                                                        | T4                                                                                                                                 | PA                                                                                                                                                                      |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                                  | T4                                                                                                                                 | PA                                                                                                                                                                      |
| TAVNEOS                                                                         | T4                                                                                                                                 | PA                                                                                                                                                                      |
| Other Miscellaneous Therapeutic Agents                                          |                                                                                                                                    |                                                                                                                                                                         |
| <i>betaine</i>                                                                  | T4                                                                                                                                 |                                                                                                                                                                         |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| CERDELGA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| CYSTAGON                                                                                                       | T4        |                                                                                                                                                                                        |
| <i>dalfampridine er</i>                                                                                        | T1        | PA; 90DS                                                                                                                                                                               |
| ELMIRON                                                                                                        | T3        | PA                                                                                                                                                                                     |
| ENDARI                                                                                                         | T4        | PA                                                                                                                                                                                     |
| EVOTAZ                                                                                                         | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| EVRYSDI                                                                                                        | T4        | PA                                                                                                                                                                                     |
| FIRDAPSE                                                                                                       | T4        | PA                                                                                                                                                                                     |
| GALAFOLD                                                                                                       | T4        | PA                                                                                                                                                                                     |
| ISTURISA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>levocarnitine oral solution</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>levocarnitine oral tablet</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>levocarnitine sf</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>miglustat</i>                                                                                               | T4        | PA                                                                                                                                                                                     |
| <i>nitisinone</i>                                                                                              | T4        | PA                                                                                                                                                                                     |
| NITYR                                                                                                          | T4        | PA                                                                                                                                                                                     |
| ORFADIN ORAL SUSPENSION                                                                                        | T4        | PA                                                                                                                                                                                     |
| PREZCOBIX                                                                                                      | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| REZUROCK                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>sapropterin dihydrochloride oral packet</i>                                                                 | T4        | PA                                                                                                                                                                                     |
| <i>sapropterin dihydrochloride oral tablet</i>                                                                 | T4        | PA                                                                                                                                                                                     |
| STRIBILD                                                                                                       | T3        | QL (30 EA per 30 days)                                                                                                                                                                 |
| SYMTUZA                                                                                                        | T3        | QL (30 EA per 30 days)                                                                                                                                                                 |
| THIOLA EC                                                                                                      | T4        |                                                                                                                                                                                        |
| TYBOST                                                                                                         | T2        | 90DS; QL (30 EA per 30 days)                                                                                                                                                           |
| VYNDAMAX                                                                                                       | T4        | PA                                                                                                                                                                                     |
| VYNDAQEL                                                                                                       | T4        | PA                                                                                                                                                                                     |
| Protective Agents                                                                                              |           |                                                                                                                                                                                        |
| MESNEX ORAL                                                                                                    | T3        |                                                                                                                                                                                        |
| Nonhormonal Contraceptives                                                                                     |           |                                                                                                                                                                                        |
| Nonhormonal Contraceptives                                                                                     |           |                                                                                                                                                                                        |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| <i>aimsco lubricated</i>                                                        | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| CAYA                                                                            | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>condoms</i>                                                                  | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| DUREX REALFEEL                                                                  | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| FANTASY LUBRICATED                                                              | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| FANTASY LUBRICATED/SPERMICIDE                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| FC2 FEMALE CONDOM                                                               | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| FEMCAP                                                                          | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| KAMELEON LUBRICATED                                                             | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono</i>                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| KIMONO COLORS                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono micro thin</i>                                                        | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono micro thin plus</i>                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono plus</i>                                                              | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono ps</i>                                                                | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono ps plus</i>                                                           | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>kimono sensation</i>                                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                       | Drug Tier | Requirements and Limits                                                                                                            |                                                                                                                                                                                                                          |
| <i>kimono sensation plus</i>                                                    | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| KIMONO SPECIAL                                                                  | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| K-Y ME & YOU EXTRA LUBRICATED                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| K-Y ME & YOU INTENSE                                                            | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>maxx</i>                                                                     | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>maxx plus</i>                                                                | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| OMNIFLEX DIAPHRAGM                                                              | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| OPTIONS GYNOL II CONTRACEPTIVE                                                  | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| PHEXXI                                                                          | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| <i>premium condoms lubricated</i>                                               | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| REALITY LATEX CONDOMS                                                           | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| REALITY LATEX/ULTRA TEXTURED                                                    | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| REALITY LATEX/ULTRA THIN                                                        | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| TODAY SPONGE                                                                    | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| TRUSTEX COLOR CONDOMS + LUBE                                                    | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| TRUSTEX LUB/RIBBED/STUDDERED                                                    | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |
| TRUSTEX LUB/SPERMICIDE EX ST                                                    | T2        | ACA Preventative Medication-\$0 Copay                                                                                              |                                                                                                                                                                                                                          |

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|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drug Name                                                                                | Drug Tier | Requirements and Limits                                                                                                                           |                                                                                                                                                                                                                                             |
| TRUSTEX LUB/SPERMICIDE XL                                                                | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX LUBRICATED                                                                       | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX LUBRICATED EX LARGE                                                              | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX LUBRICATED EXTRA ST                                                              | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX LUBRICATED/SPERMICIDE                                                            | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX NATURAL CONDOMS + LUBE                                                           | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX NON-LUBRICATED                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX RIA LUB/SPERMICIDE                                                               | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX RIA LUBRICATED                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX RIA NON-LUBRICATED                                                               | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| TRUSTEX-NONOXYNOL-9/RIB/STUD                                                             | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| VCF VAGINAL CONTRACEPTIVE                                                                | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| WIDE-SEAL DIAPHRAGM 60                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| WIDE-SEAL DIAPHRAGM 65                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| WIDE-SEAL DIAPHRAGM 70                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| WIDE-SEAL DIAPHRAGM 75                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |
| WIDE-SEAL DIAPHRAGM 80                                                                   | T2        | ACA Preventative Medication-\$0 Copay                                                                                                             |                                                                                                                                                                                                                                             |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| WIDE-SEAL DIAPHRAGM 85                                                                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| WIDE-SEAL DIAPHRAGM 90                                                                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| WIDE-SEAL DIAPHRAGM 95                                                                                         | T2        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| Respiratory Tract Agents                                                                                       |           |                                                                                                                                                                                        |
| Alpha And Beta Adrenergic Agonist(Respr)                                                                       |           |                                                                                                                                                                                        |
| <i>epinephrine injection solution auto-injector</i>                                                            | T1        | QL (2 EA per 30 days)                                                                                                                                                                  |
| Anticholinergic Agents (Respir.Tract)                                                                          |           |                                                                                                                                                                                        |
| ATROVENT HFA                                                                                                   | T3        |                                                                                                                                                                                        |
| COMBIVENT RESPIMAT                                                                                             | T3        |                                                                                                                                                                                        |
| <i>ipratropium bromide inhalation</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>ipratropium bromide nasal</i>                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>ipratropium-albuterol</i>                                                                                   | T1        | 90DS                                                                                                                                                                                   |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT                                         | T2        | 90DS                                                                                                                                                                                   |
| <i>tiotropium bromide monohydrate</i>                                                                          | T1        |                                                                                                                                                                                        |
| Antifibrotic Agents                                                                                            |           |                                                                                                                                                                                        |
| OFEV                                                                                                           | T4        | PA                                                                                                                                                                                     |
| <i>pirfenidone oral capsule</i>                                                                                | T4        | PA                                                                                                                                                                                     |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i>                                                                  | T4        | PA                                                                                                                                                                                     |
| Anti-Inflammatory Agents (Respiratory)                                                                         |           |                                                                                                                                                                                        |
| NUCALA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| Antitussives                                                                                                   |           |                                                                                                                                                                                        |
| <i>codeine sulfate oral tablet</i>                                                                             | T1        | PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 150 Years)                                                                                                                       |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>hydrocod poli-chlorphe poli er</i>                                                                          | T1        | QL (70 ML per 7 days); AL (Min 18 Years)                                                                                                                                               |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE                                                                   | T3        | QL (140 ML per 7 days); AL (Min 18 Years)                                                                                                                                              |
| Cystic Fibrosis (Cftr) Correctors                                                                              |           |                                                                                                                                                                                        |
| ORKAMBI                                                                                                        | T4        | PA                                                                                                                                                                                     |
| SYMDEKO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| TRIKAFTA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| Cystic Fibrosis (Cftr) Potentiators                                                                            |           |                                                                                                                                                                                        |
| KALYDECO                                                                                                       | T4        | PA                                                                                                                                                                                     |
| ORKAMBI                                                                                                        | T4        | PA                                                                                                                                                                                     |
| SYMDEKO                                                                                                        | T4        | PA                                                                                                                                                                                     |
| TRIKAFTA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| Endothelin Receptor Antagonists                                                                                |           |                                                                                                                                                                                        |
| <i>ambrisentan</i>                                                                                             | T4        | PA                                                                                                                                                                                     |
| <i>bosentan</i>                                                                                                | T4        | PA                                                                                                                                                                                     |
| First Generation Antihist.(Respir Tract)                                                                       |           |                                                                                                                                                                                        |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                                                  | T1        |                                                                                                                                                                                        |
| <i>clemastine fumarate oral tablet 2.68 mg</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>cyproheptadine hcl oral</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl oral</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                                                      | T1        |                                                                                                                                                                                        |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG                                                                           | T3        |                                                                                                                                                                                        |
| Interleukin Antagonists                                                                                        |           |                                                                                                                                                                                        |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML                                  | T4        | PA                                                                                                                                                                                     |
| FASENRA                                                                                                        | T4        | PA                                                                                                                                                                                     |
| FASENRA PEN                                                                                                    | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Leukotriene Modifiers</b>                                                                                   |           |                                                                                                                                                                                        |
| <i>montelukast sodium oral</i>                                                                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>zafirlukast</i>                                                                                             | T1        | ST; 90DS                                                                                                                                                                               |
| <i>zileuton er</i>                                                                                             | T1        | ST; 90DS                                                                                                                                                                               |
| <b>Mast-Cell Stabilizers</b>                                                                                   |           |                                                                                                                                                                                        |
| ALOCRIL                                                                                                        | T3        |                                                                                                                                                                                        |
| <i>cromolyn sodium inhalation</i>                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>cromolyn sodium ophthalmic</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>cromolyn sodium oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <b>Mucolytic Agents</b>                                                                                        |           |                                                                                                                                                                                        |
| <i>acetylcysteine inhalation</i>                                                                               | T1        |                                                                                                                                                                                        |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                                                                     | T4        | PA                                                                                                                                                                                     |
| <i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>                                               | T1        |                                                                                                                                                                                        |
| <b>Nasal Preparations (Steroids)</b>                                                                           |           |                                                                                                                                                                                        |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                                          | T1        |                                                                                                                                                                                        |
| <i>fluticasone propionate nasal</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>mometasone furoate nasal</i>                                                                                | T1        |                                                                                                                                                                                        |
| <b>Orally Inhaled Preparations (Steroids)</b>                                                                  |           |                                                                                                                                                                                        |
| ARNUITY ELLIPTA                                                                                                | T2        | 90DS                                                                                                                                                                                   |
| <i>budesonide inhalation</i>                                                                                   | T1        | 90DS; QL (60 ML per 30 days)                                                                                                                                                           |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT                 | T2        | 90DS                                                                                                                                                                                   |
| <i>fluticasone propionate hfa</i>                                                                              | T2        | 90DS                                                                                                                                                                                   |
| PULMICORT FLEXHALER                                                                                            | T2        | 90DS                                                                                                                                                                                   |
| QVAR REDHALER                                                                                                  | T2        | 90DS                                                                                                                                                                                   |
| <b>Phosphodiesterase Type 4 Inhibitors</b>                                                                     |           |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>roflumilast</i>                                                                                             | T1        | PA; 90DS                                                                                                                                                                               |
| <b>Phosphodiesterase-5 Inhibitors (Respir)</b>                                                                 |           |                                                                                                                                                                                        |
| <i>sildenafil citrate oral suspension reconstituted</i>                                                        | T1        | PA; 90DS                                                                                                                                                                               |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                                    | T1        | PA; 90DS                                                                                                                                                                               |
| <i>tadalafil (pah)</i>                                                                                         | T1        | PA; 90DS                                                                                                                                                                               |
| <b>Prostacyclin &amp; Prostacyclin Derivatives</b>                                                             |           |                                                                                                                                                                                        |
| ORENITRAM                                                                                                      | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 1                                                                                              | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 2                                                                                              | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 3                                                                                              | T4        | PA                                                                                                                                                                                     |
| TYVASO                                                                                                         | T4        | PA                                                                                                                                                                                     |
| TYVASO DPI MAINTENANCE KIT                                                                                     | T4        | PA                                                                                                                                                                                     |
| TYVASO DPI TITRATION KIT                                                                                       | T4        | PA                                                                                                                                                                                     |
| TYVASO REFILL                                                                                                  | T4        | PA                                                                                                                                                                                     |
| TYVASO STARTER                                                                                                 | T4        | PA                                                                                                                                                                                     |
| VENTAVIS                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <b>Respiratory Tract Agents, Miscellaneous</b>                                                                 |           |                                                                                                                                                                                        |
| <i>pirfenidone oral capsule</i>                                                                                | T4        | PA                                                                                                                                                                                     |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i>                                                                  | T4        | PA                                                                                                                                                                                     |
| TEZSPIRE                                                                                                       | T4        | PA                                                                                                                                                                                     |
| XOLAIR                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <b>Second Generation Antihist(Respir Tract)</b>                                                                |           |                                                                                                                                                                                        |
| <i>azelastine hcl nasal</i>                                                                                    | T1        |                                                                                                                                                                                        |
| <i>azelastine hcl ophthalmic</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>desloratadine oral tablet</i>                                                                               | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Select.Beta-2-Adrenergic Agonist(Respir)</b>                                                                |           |                                                                                                                                                                                        |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                 | T1        | 90DS                                                                                                                                                                                   |
| <i>albuterol sulfate inhalation</i>                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>albuterol sulfate oral</i>                                                                                  | T1        | 90DS                                                                                                                                                                                   |
| <i>formoterol fumarate inhalation</i>                                                                          | T1        | 90DS                                                                                                                                                                                   |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>                 | T1        | ST; 90DS                                                                                                                                                                               |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                          | T2        | 90DS                                                                                                                                                                                   |
| STRIVERDI RESPIMAT                                                                                             | T2        | 90DS                                                                                                                                                                                   |
| <i>terbutaline sulfate oral</i>                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <b>Vasodilating Agents (Respiratory Tract)</b>                                                                 |           |                                                                                                                                                                                        |
| ADEMPAS                                                                                                        | T4        | PA                                                                                                                                                                                     |
| <i>ambrisentan</i>                                                                                             | T4        | PA                                                                                                                                                                                     |
| <i>bosentan</i>                                                                                                | T4        | PA                                                                                                                                                                                     |
| ORENITRAM                                                                                                      | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 1                                                                                              | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 2                                                                                              | T4        | PA                                                                                                                                                                                     |
| ORENITRAM MONTH 3                                                                                              | T4        | PA                                                                                                                                                                                     |
| <i>sildenafil citrate oral suspension reconstituted</i>                                                        | T1        | PA; 90DS                                                                                                                                                                               |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                                    | T1        | PA; 90DS                                                                                                                                                                               |
| <i>tadalafil (pah)</i>                                                                                         | T1        | PA; 90DS                                                                                                                                                                               |
| TYVASO                                                                                                         | T4        | PA                                                                                                                                                                                     |
| TYVASO DPI MAINTENANCE KIT                                                                                     | T4        | PA                                                                                                                                                                                     |
| TYVASO DPI TITRATION KIT                                                                                       | T4        | PA                                                                                                                                                                                     |
| TYVASO REFILL                                                                                                  | T4        | PA                                                                                                                                                                                     |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| TYVASO STARTER                                                                                                 | T4        | PA                                                                                                                                                                                     |
| UPTRAVI ORAL                                                                                                   | T4        | PA                                                                                                                                                                                     |
| VENTAVIS                                                                                                       | T4        | PA                                                                                                                                                                                     |
| Vasodilating Agents, Misc                                                                                      |           |                                                                                                                                                                                        |
| ADEMPAS                                                                                                        | T4        | PA                                                                                                                                                                                     |
| UPTRAVI ORAL                                                                                                   | T4        | PA                                                                                                                                                                                     |
| Xanthine Derivatives                                                                                           |           |                                                                                                                                                                                        |
| <i>theophylline</i>                                                                                            | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>                                     | T1        |                                                                                                                                                                                        |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                     | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 24 hour</i>                                                    | T1        | 90DS                                                                                                                                                                                   |
| Skin And Mucous Membrane Agents                                                                                |           |                                                                                                                                                                                        |
| Allylamines (Skin And Mucous Membrane)                                                                         |           |                                                                                                                                                                                        |
| <i>naftifine hcl external cream</i>                                                                            | T1        | PA                                                                                                                                                                                     |
| Antibacterials (Skin, Mucous Membrane)                                                                         |           |                                                                                                                                                                                        |
| ALTABAX                                                                                                        | T3        | ST                                                                                                                                                                                     |
| <i>benzoyl peroxide-erythromycin</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>                                   | T1        |                                                                                                                                                                                        |
| <i>clindamycin phosphate external gel</i>                                                                      | T1        |                                                                                                                                                                                        |
| <i>clindamycin phosphate external lotion</i>                                                                   | T1        |                                                                                                                                                                                        |
| <i>clindamycin phosphate external solution</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>clindamycin phosphate external swab</i>                                                                     | T1        |                                                                                                                                                                                        |
| <i>clindamycin phosphate vaginal</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>erythromycin external gel</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>erythromycin external solution</i>                                                                          | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>gentamicin sulfate external</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>metronidazole external cream</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>metronidazole external gel</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>metronidazole external lotion</i>                                                                           | T1        | ST                                                                                                                                                                                     |
| <i>metronidazole vaginal</i>                                                                                   | T1        |                                                                                                                                                                                        |
| <i>mupirocin external</i>                                                                                      | T1        | QL (88 GM per 30 days)                                                                                                                                                                 |
| <i>sulfacetamide sodium (acne)</i>                                                                             | T1        |                                                                                                                                                                                        |
| XEPI                                                                                                           | T3        | ST                                                                                                                                                                                     |
| Anti-Inflammatory Agents, Misc (Skin)                                                                          |           |                                                                                                                                                                                        |
| EUCRISA                                                                                                        | T3        | PA                                                                                                                                                                                     |
| Antipruritics And Local Anesthetics                                                                            |           |                                                                                                                                                                                        |
| <i>doxepin hcl external</i>                                                                                    | T1        | ST; QL (45 GM per 30 days)                                                                                                                                                             |
| <i>lidocaine external ointment 5 %</i>                                                                         | T1        |                                                                                                                                                                                        |
| <i>lidocaine external patch 5 %</i>                                                                            | T1        | PA; QL (90 EA per 30 days)                                                                                                                                                             |
| <i>lidocaine hcl external solution</i>                                                                         | T1        |                                                                                                                                                                                        |
| <i>lidocaine hcl urethral/mucosal external gel</i>                                                             | T1        |                                                                                                                                                                                        |
| <i>lidocaine-prilocaine</i>                                                                                    | T1        |                                                                                                                                                                                        |
| Antivirals (Skin And Mucous Membrane)                                                                          |           |                                                                                                                                                                                        |
| <i>acyclovir external cream</i>                                                                                | T1        | PA                                                                                                                                                                                     |
| <i>acyclovir external ointment</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>penciclovir</i>                                                                                             | T1        | PA                                                                                                                                                                                     |
| Azoles (Skin And Mucous Membrane)                                                                              |           |                                                                                                                                                                                        |
| <i>clotrimazole anti-fungal</i>                                                                                | T1        |                                                                                                                                                                                        |
| <i>clotrimazole external cream</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>clotrimazole external solution</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>clotrimazole mouth/throat troche</i>                                                                        | T1        |                                                                                                                                                                                        |
| <i>clotrimazole-betamethasone</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>econazole nitrate external</i>                                                                              | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| GYNAZOLE-1                                                                                                     | T3        |                                                                                                                                                                                        |
| JUBLIA                                                                                                         | T3        | PA                                                                                                                                                                                     |
| <i>ketoconazole external cream</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>ketoconazole external shampoo 2 %</i>                                                                       | T1        |                                                                                                                                                                                        |
| <i>luliconazole</i>                                                                                            | T1        | PA                                                                                                                                                                                     |
| <i>oxiconazole nitrate</i>                                                                                     | T1        | PA                                                                                                                                                                                     |
| <i>sulconazole nitrate external cream</i>                                                                      | T1        | QL (60 GM per 30 days)                                                                                                                                                                 |
| <i>terconazole</i>                                                                                             | T1        |                                                                                                                                                                                        |
| Basic Lotions And Liniments                                                                                    |           |                                                                                                                                                                                        |
| <i>ammonium lactate external</i>                                                                               | T1        |                                                                                                                                                                                        |
| Basic Ointments And Protectants                                                                                |           |                                                                                                                                                                                        |
| <i>hydrocortisone external cream 1 %</i>                                                                       | T1        |                                                                                                                                                                                        |
| Benzylamines (Skin And Mucous Membrane)                                                                        |           |                                                                                                                                                                                        |
| MENTAX                                                                                                         | T3        |                                                                                                                                                                                        |
| Cell Stimulants And Proliferants                                                                               |           |                                                                                                                                                                                        |
| <i>tretinoin external cream</i>                                                                                | T1        | AL (Max 30 Years)                                                                                                                                                                      |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>                                                                  | T1        | AL (Max 30 Years)                                                                                                                                                                      |
| Corticosteroids (Skin, Mucous Membrane)                                                                        |           |                                                                                                                                                                                        |
| <i>alclometasone dipropionate</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>betamethasone dipropionate aug</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>betamethasone dipropionate external</i>                                                                     | T1        |                                                                                                                                                                                        |
| <i>betamethasone valerate external cream</i>                                                                   | T1        |                                                                                                                                                                                        |
| <i>betamethasone valerate external lotion</i>                                                                  | T1        |                                                                                                                                                                                        |
| <i>betamethasone valerate external ointment</i>                                                                | T1        |                                                                                                                                                                                        |
| <i>calcipotriene-betameth diprop external ointment</i>                                                         | T1        | ST                                                                                                                                                                                     |
| <i>clobetasol prop emollient base</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>clobetasol propionate e</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>clobetasol propionate external cream</i>                                                                    | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>clobetasol propionate external gel</i>                                                                      | T1        |                                                                                                                                                                                        |
| <i>clobetasol propionate external ointment</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>clobetasol propionate external solution</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>clocortolone pivalate</i>                                                                                   | T1        | ST                                                                                                                                                                                     |
| <i>clotrimazole-betamethasone</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>desonide external cream</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>desonide external lotion</i>                                                                                | T1        | ST                                                                                                                                                                                     |
| <i>desonide external ointment</i>                                                                              | T1        |                                                                                                                                                                                        |
| <i>desoximetasone external cream</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>desoximetasone external gel</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>desoximetasone external liquid</i>                                                                          | T1        | ST                                                                                                                                                                                     |
| <i>desoximetasone external ointment 0.05 %</i>                                                                 | T1        | ST                                                                                                                                                                                     |
| <i>desoximetasone external ointment 0.25 %</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>fluocinolone acetonide external</i>                                                                         | T1        |                                                                                                                                                                                        |
| <i>fluocinonide emulsified base</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>fluocinonide external gel</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>fluocinonide external ointment</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>fluocinonide external solution</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>fluticasone propionate external cream</i>                                                                   | T1        |                                                                                                                                                                                        |
| <i>fluticasone propionate external lotion</i>                                                                  | T1        | ST                                                                                                                                                                                     |
| <i>fluticasone propionate external ointment</i>                                                                | T1        |                                                                                                                                                                                        |
| <i>halcinonide</i>                                                                                             | T1        | ST                                                                                                                                                                                     |
| <i>halobetasol propionate external cream</i>                                                                   | T1        |                                                                                                                                                                                        |
| <i>halobetasol propionate external foam</i>                                                                    | T1        | ST                                                                                                                                                                                     |
| <i>halobetasol propionate external ointment</i>                                                                | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone (perianal)</i>                                                                               | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone butyr lipo base</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone butyrate external cream</i>                                                                  | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone butyrate external ointment</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone butyrate external solution</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>                                                                | T1        |                                                                                                                                                                                        |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>hydrocortisone external lotion 2.5 %</i>                                                                    | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>                                                             | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone rectal enema</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>hydrocortisone valerate</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>mometasone furoate external</i>                                                                             | T1        |                                                                                                                                                                                        |
| <i>nystatin-triamcinolone</i>                                                                                  | T1        |                                                                                                                                                                                        |
| <i>prednicarbate external ointment</i>                                                                         | T1        |                                                                                                                                                                                        |
| <i>triamcinolone acetonide external cream</i>                                                                  | T1        |                                                                                                                                                                                        |
| <i>triamcinolone acetonide external lotion</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>triamcinolone acetonide external ointment</i>                                                               | T1        |                                                                                                                                                                                        |
| <i>triamcinolone acetonide mouth/throat</i>                                                                    | T1        |                                                                                                                                                                                        |
| Hydroxypyridones (Skin, Mucous Membrane)                                                                       |           |                                                                                                                                                                                        |
| <i>ciclopirox external solution</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>ciclopirox olamine external</i>                                                                             | T1        |                                                                                                                                                                                        |
| Local Anti-Infectives, Miscellaneous                                                                           |           |                                                                                                                                                                                        |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>                                                       | T1        |                                                                                                                                                                                        |
| <i>benzoyl peroxide-erythromycin</i>                                                                           | T1        |                                                                                                                                                                                        |
| <i>chlorhexidine gluconate mouth/throat</i>                                                                    | T1        |                                                                                                                                                                                        |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>                                   | T1        |                                                                                                                                                                                        |
| <i>selenium sulfide external lotion</i>                                                                        | T1        |                                                                                                                                                                                        |
| <i>silver sulfadiazine external</i>                                                                            | T1        |                                                                                                                                                                                        |
| SSD                                                                                                            | T3        |                                                                                                                                                                                        |
| SULFAMYLON EXTERNAL CREAM                                                                                      | T3        |                                                                                                                                                                                        |
| Nonsteroidal Anti-Inflammat.Agents(Skin)                                                                       |           |                                                                                                                                                                                        |
| <i>diclofenac sodium external gel</i>                                                                          | T1        |                                                                                                                                                                                        |
| Pigmenting Agents                                                                                              |           |                                                                                                                                                                                        |
| <i>methoxsalen rapid</i>                                                                                       | T4        | QL (84 EA per 30 days)                                                                                                                                                                 |

|                                                                       |                                                                                    | Requirements and Limits                                                                                     |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| lowercase italics = Generic drugs<br>UPPERCASE = Brand name drugs     | Drug Tier                                                                          | 90DS = 90 Day Supply Eligible                                                                               |
|                                                                       | T1 = Generic<br>T2 = Preferred Brand<br>T3 = Non-Preferred Brand<br>T4 = Specialty | AL = Age Limit<br>PA = Prior Authorization<br>QL = Quantity Limit<br>ST = Step Therapy<br>ST = Step Therapy |
| Drug Name                                                             | Drug Tier                                                                          | Requirements and Limits                                                                                     |
| <b>Polyenes (Skin And Mucous Membrane)</b>                            |                                                                                    |                                                                                                             |
| <i>nystatin external</i>                                              | T1                                                                                 |                                                                                                             |
| <i>nystatin-triamcinolone</i>                                         | T1                                                                                 |                                                                                                             |
| <b>Scabicides And Pediculicides</b>                                   |                                                                                    |                                                                                                             |
| CROTAN                                                                | T3                                                                                 |                                                                                                             |
| <i>ivermectin external cream</i>                                      | T1                                                                                 | ST                                                                                                          |
| <i>lindane external shampoo</i>                                       | T1                                                                                 |                                                                                                             |
| <i>malathion external</i>                                             | T1                                                                                 |                                                                                                             |
| <i>permethrin external cream</i>                                      | T1                                                                                 |                                                                                                             |
| <i>spinosad</i>                                                       | T1                                                                                 |                                                                                                             |
| <b>Skin And Mucous Membrane Agents, Misc.</b>                         |                                                                                    |                                                                                                             |
| <i>acitretin</i>                                                      | T1                                                                                 | PA                                                                                                          |
| <i>adapalene external gel 0.1 %</i>                                   | T1                                                                                 |                                                                                                             |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>              | T1                                                                                 |                                                                                                             |
| <i>azelaic acid external</i>                                          | T1                                                                                 |                                                                                                             |
| <i>calcipotriene external cream</i>                                   | T1                                                                                 |                                                                                                             |
| <i>calcipotriene external ointment</i>                                | T1                                                                                 |                                                                                                             |
| <i>calcipotriene external solution</i>                                | T1                                                                                 |                                                                                                             |
| <i>calcipotriene-betameth diprop external ointment</i>                | T1                                                                                 | ST                                                                                                          |
| <i>calcitriol external</i>                                            | T1                                                                                 | QL (800 GM per 28 days)                                                                                     |
| CIBINQO                                                               | T4                                                                                 | PA                                                                                                          |
| COSENTYX                                                              | T4                                                                                 | PA                                                                                                          |
| COSENTYX (300 MG DOSE)                                                | T4                                                                                 | PA                                                                                                          |
| COSENTYX SENSOREADY (300 MG)                                          | T4                                                                                 | PA                                                                                                          |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | T4                                                                                 | PA                                                                                                          |
| COSENTYX UNOREADY                                                     | T4                                                                                 | PA                                                                                                          |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>lowercase italics</b> = Generic drugs<br><b>UPPERCASE</b> = Brand name drugs                                |           | <b>90DS</b> = 90 Day Supply Eligible<br><b>AL</b> = Age Limit<br><b>PA</b> = Prior Authorization<br><b>QL</b> = Quantity Limit<br><b>ST</b> = Step Therapy<br><b>ST</b> = Step Therapy |
| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>diclofenac sodium external gel 1 %</i>                                                                      | T1        |                                                                                                                                                                                        |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                    | T4        | PA                                                                                                                                                                                     |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML                                                    | T4        | PA                                                                                                                                                                                     |
| <i>fluorouracil external</i>                                                                                   | T1        |                                                                                                                                                                                        |
| HYFTOR                                                                                                         | T4        | PA                                                                                                                                                                                     |
| ILUMYA                                                                                                         | T4        | PA                                                                                                                                                                                     |
| <i>imiquimod external cream 5 %</i>                                                                            | T1        |                                                                                                                                                                                        |
| <i>isotretinoin oral</i>                                                                                       | T1        | PA; QL (60 EA per 30 days)                                                                                                                                                             |
| OPZELURA                                                                                                       | T4        | PA                                                                                                                                                                                     |
| OTEZLA ORAL TABLET                                                                                             | T4        | PA                                                                                                                                                                                     |
| OTEZLA ORAL TABLET THERAPY PACK                                                                                | T4        | PA                                                                                                                                                                                     |
| PANRETIN                                                                                                       | T4        | PA                                                                                                                                                                                     |
| <i>pimecrolimus</i>                                                                                            | T1        | ST                                                                                                                                                                                     |
| <i>podofilox external</i>                                                                                      | T1        |                                                                                                                                                                                        |
| RECTIV                                                                                                         | T3        |                                                                                                                                                                                        |
| REGRANEX                                                                                                       | T3        | PA; QL (15 GM per 30 days)                                                                                                                                                             |
| SANTYL                                                                                                         | T3        | PA                                                                                                                                                                                     |
| SILIQ                                                                                                          | T4        | PA                                                                                                                                                                                     |
| SKYRIZI (150 MG DOSE)                                                                                          | T4        | PA                                                                                                                                                                                     |
| SKYRIZI PEN                                                                                                    | T4        | PA                                                                                                                                                                                     |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                | T4        | PA                                                                                                                                                                                     |
| SOTYKTU                                                                                                        | T4        | PA                                                                                                                                                                                     |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                                                                      | T4        | PA                                                                                                                                                                                     |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                | T4        | PA                                                                                                                                                                                     |
| <i>tacrolimus external ointment</i>                                                                            | T1        | ST                                                                                                                                                                                     |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                      | T4        | PA                                                                                                                                                                                     |

|                                                                                                                                    |           | Requirements and Limits                                                                                                                                                                |
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| <b>Drug Tier</b><br><b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                                          | Drug Tier | Requirements and Limits                                                                                                                                                                |
| TARGRETIN EXTERNAL                                                                                                                 | T4        | PA                                                                                                                                                                                     |
| <i>tazarotene external cream</i>                                                                                                   | T1        |                                                                                                                                                                                        |
| TAZORAC EXTERNAL CREAM 0.05 %                                                                                                      | T3        |                                                                                                                                                                                        |
| TAZORAC EXTERNAL GEL                                                                                                               | T3        |                                                                                                                                                                                        |
| TREMFYA                                                                                                                            | T4        | PA                                                                                                                                                                                     |
| VALCHLOR                                                                                                                           | T4        | PA                                                                                                                                                                                     |
| Smooth Muscle Relaxants                                                                                                            |           |                                                                                                                                                                                        |
| Antimuscarinics                                                                                                                    |           |                                                                                                                                                                                        |
| <i>darifenacin hydrobromide er</i>                                                                                                 | T1        | ST; 90DS                                                                                                                                                                               |
| <i>fesoterodine fumarate er</i>                                                                                                    | T1        | ST; 90DS                                                                                                                                                                               |
| <i>flavoxate hcl</i>                                                                                                               | T1        | 90DS                                                                                                                                                                                   |
| <i>oxybutynin chloride er</i>                                                                                                      | T1        | 90DS                                                                                                                                                                                   |
| <i>oxybutynin chloride oral syrup</i>                                                                                              | T1        | 90DS                                                                                                                                                                                   |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>solifenacin succinate</i>                                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>tolterodine tartrate</i>                                                                                                        | T1        | 90DS                                                                                                                                                                                   |
| <i>tolterodine tartrate er</i>                                                                                                     | T1        | ST; 90DS                                                                                                                                                                               |
| <i>trospium chloride</i>                                                                                                           | T1        | 90DS                                                                                                                                                                                   |
| <i>trospium chloride er</i>                                                                                                        | T1        | ST; 90DS                                                                                                                                                                               |
| Respiratory Smooth Muscle Relaxants                                                                                                |           |                                                                                                                                                                                        |
| <i>sildenafil citrate oral suspension reconstituted</i>                                                                            | T1        | PA; 90DS                                                                                                                                                                               |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                                                        | T1        | PA; 90DS                                                                                                                                                                               |
| <i>theophylline</i>                                                                                                                | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>                                                         | T1        |                                                                                                                                                                                        |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>theophylline er oral tablet extended release 24 hour</i>                                                                        | T1        | 90DS                                                                                                                                                                                   |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <b>Selective Beta-3-Adrenergic Agonists</b>                                                                    |           |                                                                                                                                                                                        |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER                                                                     | T3        | QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)                                                                                                                             |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                                                 | T3        | ST; QL (30 EA per 30 days)                                                                                                                                                             |
| <b>Vitamins</b>                                                                                                |           |                                                                                                                                                                                        |
| <b>Multivitamin Preparations</b>                                                                               |           |                                                                                                                                                                                        |
| <i>m-natal plus</i>                                                                                            | T1        |                                                                                                                                                                                        |
| <i>pnv prenatal plus multivitamin</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>pnv tabs 29-1</i>                                                                                           | T1        |                                                                                                                                                                                        |
| <i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>prenatal vitamin plus low iron</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>preplus</i>                                                                                                 | T1        |                                                                                                                                                                                        |
| <b>Vitamin B Complex</b>                                                                                       |           |                                                                                                                                                                                        |
| <i>cvs folic acid oral tablet 800 mcg</i>                                                                      | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>drospiren-eth estrad-levomefol</i>                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>folic acid oral capsule 0.8 mg</i>                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>folic acid oral tablet 1 mg</i>                                                                             | T1        | 90DS                                                                                                                                                                                   |
| <i>folic acid oral tablet 400 mcg</i>                                                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>folic acid oral tablet 800 mcg</i>                                                                          | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>gnp folic acid</i>                                                                                          | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>hm folic acid</i>                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>kp folic acid oral tablet 800 mcg</i>                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |

|                                                                                                                |           | Requirements and Limits                                                                                                                                                                |
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| Drug Tier                                                                                                      |           |                                                                                                                                                                                        |
| <b>T1</b> = Generic<br><b>T2</b> = Preferred Brand<br><b>T3</b> = Non-Preferred Brand<br><b>T4</b> = Specialty |           |                                                                                                                                                                                        |
| Drug Name                                                                                                      | Drug Tier | Requirements and Limits                                                                                                                                                                |
| <i>leucovorin calcium oral</i>                                                                                 | T1        |                                                                                                                                                                                        |
| <i>m-natal plus</i>                                                                                            | T1        |                                                                                                                                                                                        |
| <i>pnv prenatal plus multivitamin</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>pnv tabs 29-1</i>                                                                                           | T1        |                                                                                                                                                                                        |
| <i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>                                                                 | T1        |                                                                                                                                                                                        |
| <i>prenatal vitamin plus low iron</i>                                                                          | T1        |                                                                                                                                                                                        |
| <i>preplus</i>                                                                                                 | T1        |                                                                                                                                                                                        |
| <i>px folic acid</i>                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>qc folic acid</i>                                                                                           | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>ra folic acid oral tablet 400 mcg</i>                                                                       | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| <i>ra folic acid oral tablet 800 mcg</i>                                                                       | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>sm folic acid</i>                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| TYDEMY                                                                                                         | T1        | ACA Preventative Medication-\$0 Copay; 90DS                                                                                                                                            |
| <i>yl folic acid</i>                                                                                           | T1        | ACA Preventative Medication-\$0 Copay                                                                                                                                                  |
| Vitamin C                                                                                                      |           |                                                                                                                                                                                        |
| <i>peg-kcl-nacl-nasulf-na asc-c</i>                                                                            | T1        | ST; \$0 copay for members ages 45-75 years                                                                                                                                             |
| Vitamin D                                                                                                      |           |                                                                                                                                                                                        |
| <i>calcitriol oral</i>                                                                                         | T1        | 90DS                                                                                                                                                                                   |
| <i>doxercalciferol oral</i>                                                                                    | T1        | 90DS                                                                                                                                                                                   |
| <i>paricalcitol oral</i>                                                                                       | T1        | 90DS                                                                                                                                                                                   |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>                                              | T1        | 90DS                                                                                                                                                                                   |

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