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# Harvard Pilgrim Health Care Stride<sup>SM</sup> (HMO)/(HMO-POS)

## 2024 Formulary (List of Covered Drugs)

**PLEASE READ:** This document contains information about the drugs we cover in this plan

24526 Version 6

This formulary was updated on 09/01/2023. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30 or visit [www.harvardpilgrim.org/stridedruglist](http://www.harvardpilgrim.org/stridedruglist).

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# Harvard Pilgrim Health Care Stride<sup>SM</sup> (HMO) 2024 Formulary (List of Covered Drugs)

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Harvard Pilgrim Health Care of New England, Inc. When it refers to “plan” or “our plan,” it means Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS).

This document includes a list of the drugs (formulary) for our plan which is current as of September 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

## What is the Harvard Pilgrim Stride<sup>SM</sup> HMO/HMO-POS Formulary?

A formulary is a list of covered drugs selected by a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue

to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled “*How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?*”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “*How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?*”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

## How do I use the Formulary?

There are two ways to find your drug within the formulary:

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “*Cardiovascular Drugs.*” If you know what your drug is used for,

look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### What are generic drugs?

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

### Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that we will cover. For example, our plans provide 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section “*How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?*” on page V for information about how to request an exception.

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

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

If you learn that our plans do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if

you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Member Services department.

## **For more information**

For more detailed information about your Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit **[www.medicare.gov](http://www.medicare.gov)**.

## **Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

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

### **PA BvD: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

### **QL: Quantity Limit Applies**

Because of potential safety and utilization concerns, our plans have placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask us to make an exception to our coverage rules. See the section, “*How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?*” on page V for information about how to request an exception.

### **HI: Home Infusion Drug**

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30, or visit [www.harvardpilgrim.org/stridedruglist](http://www.harvardpilgrim.org/stridedruglist).

### **PA: Prior Authorization Required**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member’s medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.



## **PA NSO: Prior Authorization for New Starts Only**

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

## **ST: Step Therapy Prior Authorization Applies**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to us for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask us to make an exception to our coverage rules. See the section, “*How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?*” on page V for information about how to request an exception.

## **ST NSO: Step Therapy Prior Authorization Applies to New Starts Only**

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

## **NEDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

## **SP: Available Through a Designated Special Pharmacy Provider**

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-800-265-1705**



## Additional coverage

**Diabetic Testing Supplies:** Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

**Part B Vaccines:** Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- Covid-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

**Part B Oral Anti-Cancer Drugs:** Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral Anti-Cancer Drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

|                                                                                                                                          | Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) |                                                                                                                                                                                                                                                           |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
|                                                                                                                                          | Deductible \$0                                       |                                                                                                                                                                                                                                                           |                                            |
| Copays                                                                                                                                   | Preferred Retail 30-day supply                       | Preferred Retail 60-day supply                                                                                                                                                                                                                            | Preferred Retail 90-day supply             |
| Tier 1                                                                                                                                   | \$0                                                  | \$0                                                                                                                                                                                                                                                       | \$0                                        |
| Tier 2                                                                                                                                   | \$10 (Basic Rx);<br>\$8 (All other plans)            | \$20 (Basic Rx);<br>\$16 (All other plans)                                                                                                                                                                                                                | \$30 (Basic Rx);<br>\$24 (All other plans) |
| Tier 3                                                                                                                                   | \$47 (Insulin: \$35)                                 | \$94 (Insulin: \$70)                                                                                                                                                                                                                                      | \$141 (Insulin: \$105)                     |
| Tier 4                                                                                                                                   | \$100 (Insulin: \$35)                                | \$200 (Insulin: \$70)                                                                                                                                                                                                                                     | \$300 (Insulin: \$105)                     |
| Tier 5                                                                                                                                   | 33%                                                  | N/A                                                                                                                                                                                                                                                       | N/A                                        |
| Tier 6                                                                                                                                   | \$0                                                  | N/A                                                                                                                                                                                                                                                       | N/A                                        |
| Copays                                                                                                                                   | Non-Preferred Retail 30-day supply                   | Non-Preferred Retail 60-day supply                                                                                                                                                                                                                        | Non-Preferred Retail 90-day supply         |
| Tier 1                                                                                                                                   | \$5                                                  | \$10                                                                                                                                                                                                                                                      | \$15                                       |
| Tier 2                                                                                                                                   | \$20                                                 | \$40                                                                                                                                                                                                                                                      | \$60                                       |
| Tier 3                                                                                                                                   | \$47 (Insulin: \$35)                                 | \$94 (Insulin: \$70)                                                                                                                                                                                                                                      | \$141 (Insulin: \$105)                     |
| Tier 4                                                                                                                                   | \$100 (Insulin: \$35)                                | \$200 (Insulin: \$70)                                                                                                                                                                                                                                     | \$300 (Insulin: \$105)                     |
| Tier 5                                                                                                                                   | 33%                                                  | N/A                                                                                                                                                                                                                                                       | N/A                                        |
| Tier 6                                                                                                                                   | \$0                                                  | N/A                                                                                                                                                                                                                                                       | N/A                                        |
| Copays                                                                                                                                   | Mail Order 30-day supply                             | Mail Order 60-day supply                                                                                                                                                                                                                                  | Mail Order 90-day supply                   |
| Tier 1                                                                                                                                   | \$0                                                  | \$0                                                                                                                                                                                                                                                       | \$0                                        |
| Tier 2                                                                                                                                   | \$10 (Basic Rx);<br>\$8 (All other plans)            | \$20 (Basic Rx);<br>\$16 (All other plans)                                                                                                                                                                                                                | \$20 (Basic Rx);<br>\$16 (All other plans) |
| Tier 3                                                                                                                                   | \$47 (Insulin: \$35)                                 | \$94 (Insulin: \$70)                                                                                                                                                                                                                                      | \$94 (Insulin: \$70)                       |
| Tier 4                                                                                                                                   | \$100 (Insulin: \$35)                                | \$200 (Insulin: \$70)                                                                                                                                                                                                                                     | \$250 (Insulin: \$105)                     |
| Tier 5                                                                                                                                   | 33%                                                  | N/A                                                                                                                                                                                                                                                       | N/A                                        |
| Tier 6                                                                                                                                   | N/A                                                  | N/A                                                                                                                                                                                                                                                       | N/A                                        |
| <b>Coverage Gap Stage</b><br><br>After your total prescription drug costs reach \$5,030, and until your payments reach \$8,000, you pay: |                                                      | <ul style="list-style-type: none"> <li>▪ \$35 for a one month (30-day supply) of covered insulin</li> <li>▪ \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy</li> <li>▪ 25% of costs for Part D generic and brand drugs</li> </ul> |                                            |
| <b>Catastrophic Coverage Stage</b><br><br>After the coverage gap, when your payments for the year are greater than \$8,000, you pay:     |                                                      | <ul style="list-style-type: none"> <li>▪ Nothing for covered Part D drugs</li> <li>▪ \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy</li> <li>▪ \$0 for a 30-day supply of covered insulin</li> </ul>                             |                                            |

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name                                                                     | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------|-----------|---------------------|
| <b>Anti-infective Agents</b>                                                  |           |                     |
| <b>Anthelmintics</b>                                                          |           |                     |
| albendazole tabs                                                              | 5         | NEDS                |
| ivermectin tabs 3mg                                                           | 3         |                     |
| praziquantel tabs                                                             | 3         |                     |
| <b>Antibacterials</b>                                                         |           |                     |
| amikacin sulfate inj 1gm/4ml, 500mg/2ml                                       | 4         |                     |
| amoxicillin/clavulanate potassium                                             | 2         |                     |
| amoxicillin/clavulanate potassium er                                          | 4         |                     |
| amoxicillin chew 125mg, 250mg                                                 | 1         |                     |
| amoxicillin caps, susr, tabs                                                  | 1         |                     |
| ampicillin sodium inj                                                         | 4         |                     |
| ampicillin-sulbactam                                                          | 4         |                     |
| ampicillin caps 500mg                                                         | 2         |                     |
| ARIKAYCE                                                                      | 5         | PA; NEDS            |
| AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML                                         | 4         |                     |
| AVYCAZ                                                                        | 5         | NEDS                |
| azithromycin susr, tabs                                                       | 1         |                     |
| azithromycin inj 500mg                                                        | 4         |                     |
| aztreonam inj 1gm                                                             | 4         |                     |
| aztreonam inj 2gm                                                             | 5         | NEDS                |
| BAXDELA TABS                                                                  | 5         | NEDS                |
| BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML | 3         |                     |
| BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML              | 3         |                     |
| CAYSTON                                                                       | 5         | PA; NEDS            |
| cefaclor caps                                                                 | 2         |                     |
| cefadroxil caps, susr                                                         | 2         |                     |
| cefazolin sodium inj 10gm, 1gm, 500mg                                         | 4         |                     |
| cefazolin inj 2gm, 3gm                                                        | 4         |                     |
| cefdinir                                                                      | 3         |                     |
| cefepime hydrochloride inj 2gm                                                | 4         |                     |
| cefepime/dextrose inj 1gm/50ml; 5%                                            | 4         |                     |
| cefepime inj 1gm/50ml, 1gm, 2gm                                               | 4         |                     |
| cefixime caps                                                                 | 3         |                     |
| cefixime susr                                                                 | 4         |                     |
| cefotetan inj 1gm, 2gm                                                        | 4         |                     |
| cefoxitin sodium inj 10gm, 1gm, 2gm                                           | 4         |                     |
| cefpodoxime proxetil                                                          | 4         |                     |
| cefprozil                                                                     | 3         |                     |
| ceftazidime inj 1gm, 2gm, 6gm                                                 | 4         |                     |
| ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg                           | 4         |                     |
| cefuroxime axetil tabs                                                        | 2         |                     |
| cefuroxime sodium inj 1.5gm, 750mg                                            | 4         |                     |

Formulary ID: 24526, Version: 6, Effective Date: 01/01/2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name                                                                                                     | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>cephalexin caps, susr</i>                                                                                  | 2         |                     |
| <i>ciprofloxacin hcl tabs 750mg</i>                                                                           | 2         |                     |
| <i>ciprofloxacin hcl tabs 100mg</i>                                                                           | 3         |                     |
| <i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>                                                          | 2         |                     |
| <i>ciprofloxacin i.v.-in d5w</i>                                                                              | 4         |                     |
| <i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>                                                                | 4         |                     |
| <i>clarithromycin er</i>                                                                                      | 3         |                     |
| <i>clarithromycin tabs</i>                                                                                    | 3         |                     |
| <i>clarithromycin susr</i>                                                                                    | 4         |                     |
| <i>clindamycin hcl caps 300mg</i>                                                                             | 2         |                     |
| <i>clindamycin hydrochloride caps 150mg, 75mg</i>                                                             | 2         |                     |
| <i>clindamycin palmitate hcl</i>                                                                              | 2         |                     |
| <i>clindamycin phosphate/dextrose</i>                                                                         | 4         |                     |
| <i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>                                  | 4         |                     |
| <i>colistimethate sodium inj</i>                                                                              | 5         | NEDS                |
| DALVANCE                                                                                                      | 3         |                     |
| <i>daptomycin</i>                                                                                             | 5         | NEDS                |
| <i>demeclocycline hcl tabs</i>                                                                                | 4         |                     |
| <i>dicloxacillin sodium</i>                                                                                   | 2         |                     |
| DIFICID                                                                                                       | 5         | PA; NEDS            |
| DOXY 100                                                                                                      | 3         |                     |
| <i>doxycycline</i>                                                                                            | 4         |                     |
| <i>doxycycline hyclate caps</i>                                                                               | 3         |                     |
| <i>doxycycline hyclate inj</i>                                                                                | 3         |                     |
| <i>doxycycline hyclate tabs 100mg, 20mg, 50mg</i>                                                             | 3         |                     |
| <i>doxycycline monohydrate caps 100mg, 50mg</i>                                                               | 3         |                     |
| <i>doxycycline monohydrate tabs</i>                                                                           | 3         |                     |
| <i>ertapenem</i>                                                                                              | 4         |                     |
| <i>erythromycin base tabs</i>                                                                                 | 4         |                     |
| <i>erythromycin dr</i>                                                                                        | 4         |                     |
| <i>erythromycin ethylsuccinate susr, tabs</i>                                                                 | 4         |                     |
| <i>erythromycin cpep 250mg</i>                                                                                | 4         |                     |
| FIRVANQ                                                                                                       | 4         |                     |
| <i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i> | 4         |                     |
| <i>gentamicin sulfate inj 40mg/ml</i>                                                                         | 4         |                     |
| <i>imipenem/cilastatin</i>                                                                                    | 4         |                     |
| <i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>                                                                 | 4         |                     |
| <i>levofloxacin in d5w</i>                                                                                    | 4         |                     |
| <i>levofloxacin inj 25mg/ml</i>                                                                               | 4         |                     |
| <i>levofloxacin oral soln 25mg/ml</i>                                                                         | 3         |                     |
| <i>levofloxacin tabs 250mg, 500mg, 750mg</i>                                                                  | 1         |                     |
| <i>linezolid tabs</i>                                                                                         | 4         |                     |
| <i>linezolid susr</i>                                                                                         | 5         | NEDS                |

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|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>linezolid inj 600mg/300ml</i>                                                       | 4         |                                  |
| <i>meropenem</i>                                                                       | 4         |                                  |
| <i>minocycline hcl caps 75mg</i>                                                       | 2         |                                  |
| <i>minocycline hcl tabs</i>                                                            | 4         |                                  |
| <i>minocycline hydrochloride caps 100mg, 50mg</i>                                      | 2         |                                  |
| <i>moxifloxacin hydrochloride/sodium hydrochloride</i>                                 | 4         |                                  |
| <i>moxifloxacin hydrochloride tabs 400mg</i>                                           | 3         |                                  |
| <i>nafcillin sodium inj 10gm, 1gm, 2gm</i>                                             | 4         |                                  |
| <i>neomycin sulfate tabs</i>                                                           | 2         |                                  |
| NUZYRA TABS                                                                            | 5         | NEDS                             |
| <i>ofloxacin tabs 300mg, 400mg</i>                                                     | 3         |                                  |
| <i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i> | 4         |                                  |
| <i>penicillin g potassium in iso-osmotic dextrose</i>                                  | 4         |                                  |
| <i>penicillin g potassium inj 20000000unit, 5000000unit</i>                            | 4         |                                  |
| <i>penicillin g sodium</i>                                                             | 5         | NEDS                             |
| <i>penicillin v potassium</i>                                                          | 2         |                                  |
| <i>piperacillin sodium/tazobactam sodium</i>                                           | 4         |                                  |
| SIVEXTRO TABS                                                                          | 5         | NEDS                             |
| <i>streptomycin sulfate inj 1gm</i>                                                    | 5         | NEDS                             |
| <i>sulfadiazine tabs</i>                                                               | 3         |                                  |
| <i>sulfamethoxazole/trimethoprim ds</i>                                                | 2         |                                  |
| <i>sulfamethoxazole/trimethoprim susp, tabs</i>                                        | 2         |                                  |
| <i>sulfasalazine tabs, tbec</i>                                                        | 2         |                                  |
| SUPRAX CHEW                                                                            | 4         |                                  |
| SUPRAX SUSR 500MG/5ML                                                                  | 4         |                                  |
| TAZICEF INJ 6GM                                                                        | 4         |                                  |
| <i>tazicef inj 1gm, 2gm</i>                                                            | 4         |                                  |
| TEFLARO                                                                                | 5         | NEDS                             |
| <i>tetracycline hydrochloride caps</i>                                                 | 3         |                                  |
| TOBI PODHALER                                                                          | 5         | NEDS; SP-Optum Specialty         |
| <i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>                   | 4         |                                  |
| <i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>                                            | 5         | PA BvD; NEDS; SP-Optum Specialty |
| <i>vancomycin hcl inj 100gm, 10gm</i>                                                  | 4         |                                  |
| <i>vancomycin hydrochloride caps, oral solr</i>                                        | 4         |                                  |
| <i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>              | 4         |                                  |
| VIBRAMYCIN SYRP                                                                        | 4         |                                  |
| XENLETA TABS                                                                           | 5         | NEDS                             |
| XIFAXAN TABS 200MG                                                                     | 4         |                                  |
| XIFAXAN TABS 550MG                                                                     | 5         | PA; NEDS                         |
| ZERBAXA                                                                                | 5         | NEDS                             |

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| Drug Name                                                                                         | Drug Tier | Requirements/Limits   |
|---------------------------------------------------------------------------------------------------|-----------|-----------------------|
| ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML | 4         |                       |
| <b>Antifungals</b>                                                                                |           |                       |
| ABELCET                                                                                           | 4         | PA                    |
| <i>amphotericin b liposome</i>                                                                    | 5         | PA; NEDS              |
| <i>amphotericin b inj</i>                                                                         | 2         | PA                    |
| <i>caspofungin acetate inj 70mg</i>                                                               | 4         |                       |
| <i>caspofungin acetate inj 50mg</i>                                                               | 5         | NEDS                  |
| <i>fluconazole in sodium chloride</i>                                                             | 4         |                       |
| <i>fluconazole susr, tabs</i>                                                                     | 2         |                       |
| <i>flucytosine caps</i>                                                                           | 5         | NEDS                  |
| <i>griseofulvin microsize</i>                                                                     | 4         |                       |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>                                              | 4         |                       |
| <i>itraconazole caps</i>                                                                          | 2         |                       |
| <i>itraconazole soln</i>                                                                          | 3         |                       |
| <i>ketoconazole tabs 200mg</i>                                                                    | 2         |                       |
| <i>miconazole inj 100mg</i>                                                                       | 3         |                       |
| <i>miconazole inj 50mg</i>                                                                        | 5         | NEDS                  |
| NOXAFIL PACK, SUSP                                                                                | 5         | NEDS                  |
| <i>nystatin susp 100000unit/ml</i>                                                                | 2         |                       |
| <i>nystatin tabs 500000unit</i>                                                                   | 2         |                       |
| <i>posaconazole dr</i>                                                                            | 5         | NEDS                  |
| <i>posaconazole susp</i>                                                                          | 5         | NEDS                  |
| <i>terbinafine hcl tabs</i>                                                                       | 2         | QL(42 EA per 42 days) |
| <i>voriconazole tabs</i>                                                                          | 4         |                       |
| <i>voriconazole susr</i>                                                                          | 5         | NEDS                  |
| <i>voriconazole inj</i>                                                                           | 5         | PA; NEDS              |
| <b>Antimycobacterials</b>                                                                         |           |                       |
| <i>dapsone tabs</i>                                                                               | 4         |                       |
| <i>ethambutol hydrochloride</i>                                                                   | 3         |                       |
| <i>isoniazid tabs</i>                                                                             | 2         |                       |
| <i>isoniazid syrp</i>                                                                             | 4         |                       |
| PASER                                                                                             | 4         |                       |
| PRIFTIN                                                                                           | 3         |                       |
| <i>pyrazinamide tabs</i>                                                                          | 2         |                       |
| <i>rifabutin</i>                                                                                  | 2         |                       |
| <i>rifampin caps</i>                                                                              | 3         |                       |
| <i>rifampin inj</i>                                                                               | 4         |                       |
| SIRTURO                                                                                           | 5         | PA; NEDS              |
| TRECTOR                                                                                           | 4         |                       |
| <b>Antiprotozoals</b>                                                                             |           |                       |
| <i>atovaquone/proguanil hcl</i>                                                                   | 4         |                       |
| <i>atovaquone susp</i>                                                                            | 5         | NEDS                  |
| BENZNIDAZOLE                                                                                      | 4         |                       |

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| Drug Name                                                            | Drug Tier | Requirements/Limits  |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>chloroquine phosphate tabs</i>                                    | 2         |                      |
| COARTEM                                                              | 3         | QL(24 EA per 3 days) |
| <i>hydroxychloroquine sulfate tabs 200mg</i>                         | 2         |                      |
| IMPAVIDO                                                             | 5         | NEDS                 |
| <i>mefloquine hcl</i>                                                | 2         |                      |
| <i>metronidazole inj 500mg/100ml</i>                                 | 4         |                      |
| <i>metronidazole tabs 250mg, 500mg</i>                               | 2         |                      |
| <i>nitazoxanide tabs</i>                                             | 3         |                      |
| <i>paromomycin sulfate caps</i>                                      | 4         |                      |
| <i>pentamidine isethionate inj</i>                                   | 3         |                      |
| <i>pentamidine isethionate inhalation solr</i>                       | 3         | PA BvD               |
| <i>primaquine phosphate tabs</i>                                     | 2         |                      |
| <i>pyrimethamine tabs</i>                                            | 3         |                      |
| <i>quinine sulfate caps 324mg</i>                                    | 4         | PA                   |
| SOLOSEC                                                              | 4         |                      |
| <i>tinidazole tabs</i>                                               | 4         |                      |
| <b>Antivirals</b>                                                    |           |                      |
| <i>abacavir</i>                                                      | 4         |                      |
| <i>abacavir sulfate/lamivudine</i>                                   | 4         |                      |
| <i>abacavir sulfate/lamivudine/zidovudine</i>                        | 5         | NEDS                 |
| <i>acyclovir sodium inj 50mg/ml</i>                                  | 2         | PA                   |
| <i>acyclovir caps 200mg</i>                                          | 2         |                      |
| <i>acyclovir susp 200mg/5ml</i>                                      | 3         |                      |
| <i>acyclovir tabs 400mg, 800mg</i>                                   | 1         |                      |
| <i>adefovir dipivoxil</i>                                            | 4         |                      |
| APTIVUS CAPS                                                         | 5         | NEDS                 |
| <i>atazanavir</i>                                                    | 4         |                      |
| <i>atazanavir sulfate caps 300mg</i>                                 | 4         |                      |
| BIKTARVY                                                             | 5         | NEDS                 |
| CIMDUO                                                               | 5         | NEDS                 |
| COMPLERA                                                             | 5         | NEDS                 |
| <i>darunavir</i>                                                     | 5         | NEDS                 |
| DELSTRIGO                                                            | 3         |                      |
| DESCOVY                                                              | 5         | NEDS                 |
| DOVATO                                                               | 5         | NEDS                 |
| EDURANT                                                              | 5         | NEDS                 |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>         | 5         | NEDS                 |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>            | 5         | NEDS                 |
| <i>efavirenz caps</i>                                                | 3         |                      |
| <i>efavirenz tabs</i>                                                | 4         |                      |
| <i>emtricitabine</i>                                                 | 3         |                      |
| <i>emtricitabine/tenofovir disoproxil</i>                            | 5         | NEDS                 |
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i> | 4         |                      |

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| Drug Name                                                                          | Drug Tier | Requirements/Limits                            |
|------------------------------------------------------------------------------------|-----------|------------------------------------------------|
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i> | 5         | NEDS                                           |
| EMTRIVA SOLN                                                                       | 3         |                                                |
| <i>entecavir</i>                                                                   | 4         |                                                |
| EPCLUSA                                                                            | 5         | PA; NEDS; SP-Optum Specialty                   |
| <i>etravirine tabs 100mg</i>                                                       | 3         |                                                |
| <i>etravirine tabs 200mg</i>                                                       | 5         | NEDS                                           |
| EVOTAZ                                                                             | 5         | NEDS                                           |
| <i>famciclovir tabs</i>                                                            | 4         |                                                |
| <i>fosamprenavir calcium</i>                                                       | 5         | NEDS                                           |
| FUZEON                                                                             | 5         | NEDS                                           |
| GENVOYA                                                                            | 5         | NEDS                                           |
| HARVONI PACK                                                                       | 5         | PA; NEDS; SP-Optum Specialty                   |
| HARVONI TABS 90MG; 400MG                                                           | 5         | PA; NEDS; SP-Optum Specialty                   |
| INTELENCE TABS 25MG                                                                | 3         |                                                |
| ISENTRESS HD                                                                       | 5         | QL(60 EA per 30 days); NEDS                    |
| ISENTRESS PACK                                                                     | 3         |                                                |
| ISENTRESS TABS                                                                     | 5         | QL(120 EA per 30 days); NEDS                   |
| ISENTRESS CHEW 25MG                                                                | 3         | QL(720 EA per 30 days)                         |
| ISENTRESS CHEW 100MG                                                               | 5         | QL(180 EA per 30 days); NEDS                   |
| JULUCA                                                                             | 5         | NEDS                                           |
| <i>lamivudine</i>                                                                  | 3         |                                                |
| <i>lamivudine/zidovudine</i>                                                       | 4         |                                                |
| LEXIVA SUSP                                                                        | 3         |                                                |
| LIVTENCITY                                                                         | 5         | PA; NEDS                                       |
| <i>lopinavir/ritonavir soln</i>                                                    | 3         |                                                |
| <i>lopinavir/ritonavir tabs 100mg; 25mg</i>                                        | 3         |                                                |
| <i>lopinavir/ritonavir tabs 200mg; 50mg</i>                                        | 4         |                                                |
| <i>maraviroc tabs 300mg</i>                                                        | 5         | QL(120 EA per 30 days); NEDS                   |
| <i>maraviroc tabs 150mg</i>                                                        | 5         | QL(60 EA per 30 days); NEDS                    |
| MAVYRET                                                                            | 5         | PA; NEDS; SP-Optum Specialty                   |
| <i>nevirapine er</i>                                                               | 4         |                                                |
| <i>nevirapine tabs</i>                                                             | 3         |                                                |
| <i>nevirapine susp</i>                                                             | 4         |                                                |
| NORVIR PACK, SOLN                                                                  | 3         |                                                |
| ODEFSEY                                                                            | 5         | NEDS                                           |
| <i>oseltamivir phosphate caps, susr</i>                                            | 3         |                                                |
| PEGASYS                                                                            | 5         | QL(4 ML per 28 days); NEDS; SP-Optum Specialty |
| PIFELTRO                                                                           | 5         | NEDS                                           |
| PREVYMIS TABS                                                                      | 5         | PA; NEDS                                       |
| PREZCOBIX                                                                          | 5         | NEDS                                           |
| PREZISTA SUSP                                                                      | 5         | NEDS                                           |
| PREZISTA TABS 75MG                                                                 | 4         |                                                |
| PREZISTA TABS 150MG, 600MG, 800MG                                                  | 5         | NEDS                                           |

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|------------------------------------------------------|-----------|------------------------------|
| RELENZA DISKHALER                                    | 3         |                              |
| REYATAZ PACK                                         | 5         | NEDS                         |
| <i>ribavirin tabs 200mg</i>                          | 3         | SP-Optum Specialty           |
| <i>rimantadine hydrochloride</i>                     | 4         |                              |
| <i>ritonavir</i>                                     | 3         |                              |
| RUKOBIA                                              | 5         | NEDS                         |
| SELZENTRY SOLN                                       | 3         | QL(1800 ML per 30 days)      |
| SELZENTRY TABS 25MG                                  | 4         |                              |
| SELZENTRY TABS 75MG                                  | 5         | NEDS                         |
| STRIBILD                                             | 5         | NEDS                         |
| SUNLENCA TBPK                                        | 5         | NEDS                         |
| SYMTUZA                                              | 5         | NEDS                         |
| TEMIXYS                                              | 5         | NEDS                         |
| <i>tenofovir disoproxil fumarate</i>                 | 4         |                              |
| TIVICAY PD                                           | 4         |                              |
| TIVICAY TABS 10MG                                    | 3         |                              |
| TIVICAY TABS 25MG, 50MG                              | 5         | NEDS                         |
| TRIUMEQ                                              | 5         | NEDS                         |
| TRIUMEQ PD                                           | 5         | NEDS                         |
| TRIZIVIR                                             | 5         | NEDS                         |
| <i>valacyclovir hcl tabs 1gm</i>                     | 3         |                              |
| <i>valacyclovir hydrochloride tabs 500mg</i>         | 3         |                              |
| <i>valganciclovir</i>                                | 3         |                              |
| <i>valganciclovir hydrochloride</i>                  | 5         | NEDS                         |
| VEMLIDY                                              | 5         | NEDS                         |
| VIRACEPT TABS 250MG                                  | 3         |                              |
| VIRACEPT TABS 625MG                                  | 5         | NEDS                         |
| VIREAD POWD                                          | 5         | NEDS                         |
| VIREAD TABS 150MG, 200MG, 250MG                      | 5         | NEDS                         |
| VOSEVI                                               | 5         | PA; NEDS; SP-Optum Specialty |
| XOFLUZA TBPK 40MG, 80MG                              | 3         | QL(1 EA per 7 days)          |
| XOFLUZA TBPK 20MG                                    | 3         | QL(2 EA per 7 days)          |
| <i>zidovudine</i>                                    | 3         |                              |
| <b>Urinary Anti-infectives</b>                       |           |                              |
| <i>fosfomycin tromethamine</i>                       | 3         |                              |
| <i>methenamine hippurate</i>                         | 4         |                              |
| <i>nitrofurantoin macrocrystals caps 100mg, 50mg</i> | 3         |                              |
| <i>nitrofurantoin monohydrate/macrocrystals</i>      | 3         |                              |
| <i>trimethoprim tabs</i>                             | 2         |                              |
| <b>Antihistamine Drugs</b>                           |           |                              |
| <b>First Generation Antihistamines</b>               |           |                              |
| <i>cyproheptadine hcl syrup</i>                      | 4         |                              |
| <i>cyproheptadine hydrochloride tabs</i>             | 4         |                              |
| <i>promethazine hcl plain</i>                        | 3         |                              |
| <i>promethazine hcl tabs 12.5mg</i>                  | 3         |                              |

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|---------------------------------------------------|-----------|----------------------------------------------------------|
| <i>promethazine hydrochloride tabs 25mg, 50mg</i> | 3         |                                                          |
| <b>Second Generation Antihistamines</b>           |           |                                                          |
| <i>desloratadine</i>                              | 1         |                                                          |
| <i>desloratadine odt</i>                          | 4         |                                                          |
| <i>levocetirizine dihydrochloride tabs</i>        | 1         |                                                          |
| <b>Antineoplastic Agents</b>                      |           |                                                          |
| <b>Antineoplastic Agents</b>                      |           |                                                          |
| <i>abiraterone acetate</i>                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| ALECENSA                                          | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| ALUNBRIG                                          | 5         | PA NSO; NEDS                                             |
| AYVAKIT                                           | 5         | QL(30 EA per 30 days); PA NSO; NEDS                      |
| BALVERSA                                          | 5         | PA NSO; NEDS                                             |
| BESREMI                                           | 5         | PA NSO; NEDS                                             |
| <i>bexarotene caps 75mg</i>                       | 5         | NEDS; SP-Optum Specialty                                 |
| <i>bicalutamide</i>                               | 2         |                                                          |
| <i>bortezomib inj 3.5mg/1.4ml</i>                 | 5         | NEDS                                                     |
| BOSULIF TABS 100MG                                | 5         | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| BOSULIF TABS 400MG, 500MG                         | 5         | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty  |
| BRAFTOVI CAPS 75MG                                | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| BRUKINSA                                          | 5         | PA NSO; NEDS                                             |
| CABOMETYX                                         | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| CALQUENCE TABS                                    | 5         | PA NSO; NEDS                                             |
| CALQUENCE CAPS                                    | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| CAPRELSA TABS 300MG                               | 5         | QL(30 EA per 30 days); PA NSO; NEDS                      |
| CAPRELSA TABS 100MG                               | 5         | QL(60 EA per 30 days); PA NSO; NEDS                      |
| COMETRIQ                                          | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| COPIKTRA                                          | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| COTELLIC                                          | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| <i>cyclophosphamide tabs</i>                      | 4         | PA BvD                                                   |
| <i>cyclophosphamide caps</i>                      | 4         | PA BvD; SP-Optum Specialty                               |
| DAURISMO                                          | 5         | PA NSO; NEDS; SP-Optum Specialty                         |

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| Drug Name                                             | Drug Tier | Requirements/Limits                                     |
|-------------------------------------------------------|-----------|---------------------------------------------------------|
| DROXIA                                                | 3         |                                                         |
| EMCYT                                                 | 3         |                                                         |
| ERIVEDGE                                              | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| ERLEADA TABS 240MG                                    | 5         | PA NSO; NEDS                                            |
| ERLEADA TABS 60MG                                     | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| <i>erlotinib hydrochloride tabs 150mg, 25mg</i>       | 5         | QL(30 EA per 30 days); NEDS; SP-Optum Specialty         |
| <i>erlotinib hydrochloride tabs 100mg</i>             | 5         | QL(90 EA per 30 days); NEDS; SP-Optum Specialty         |
| <i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>        | 5         | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>everolimus tbso 2mg, 3mg, 5mg</i>                  | 5         | QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| EXKIVITY                                              | 5         | PA NSO; NEDS                                            |
| <i>flutamide</i>                                      | 3         |                                                         |
| FOTIVDA                                               | 5         | PA NSO; NEDS                                            |
| GAVRETO                                               | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| <i>gefitinib</i>                                      | 5         | PA NSO; NEDS                                            |
| GILOTRIF                                              | 5         | PA NSO; NEDS                                            |
| GLEOSTINE CAPS 100MG, 10MG, 40MG                      | 4         |                                                         |
| <i>hydroxyurea caps</i>                               | 2         |                                                         |
| IBRANCE                                               | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| ICLUSIG                                               | 5         | PA NSO; NEDS                                            |
| IDHIFA                                                | 5         | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>imatinib mesylate</i>                              | 5         | NEDS; SP-Optum Specialty                                |
| IMBRUVICA SUSP                                        | 5         | PA NSO; NEDS                                            |
| IMBRUVICA CAPS, TABS                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| INLYTA                                                | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| INQOVI                                                | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| INREBIC                                               | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT | 3         | SP-Optum Specialty                                      |
| IRESSA                                                | 5         | PA NSO; NEDS; SP-Optum Specialty                        |
| JAKAFI                                                | 5         | PA NSO; NEDS; SP-Optum Specialty                        |

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| Drug Name                                      | Drug Tier | Requirements/Limits                                      |
|------------------------------------------------|-----------|----------------------------------------------------------|
| JAYPIRCA                                       | 5         | PA NSO; NEDS                                             |
| KISQALI                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| KOSELUGO                                       | 5         | PA NSO; NEDS                                             |
| KRAZATI                                        | 5         | PA NSO; NEDS                                             |
| <i>lapatinib ditosylate</i>                    | 5         | QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>lenalidomide caps 2.5mg, 20mg</i>           | 5         | PA NSO; NEDS                                             |
| <i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i> | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 10 MG DAILY DOSE                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 12MG DAILY DOSE                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 14 MG DAILY DOSE                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 18 MG DAILY DOSE                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 20 MG DAILY DOSE                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 24 MG DAILY DOSE                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 4 MG DAILY DOSE                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LENVIMA 8 MG DAILY DOSE                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LEUKERAN                                       | 3         |                                                          |
| LONSURF                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LORBRENA                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LUMAKRAS TABS 320MG                            | 5         | PA NSO; NEDS                                             |
| LUMAKRAS TABS 120MG                            | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LYNPARZA TABS                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| LYSODREN                                       | 3         |                                                          |
| LYTGOBI                                        | 5         | PA NSO; NEDS                                             |
| MATULANE                                       | 5         | NEDS                                                     |
| MEKINIST SOLR                                  | 5         | PA NSO; NEDS                                             |
| MEKINIST TABS                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| MEKTOVI                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| <i>mercaptopurine tabs</i>                     | 3         |                                                          |

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| Drug Name                                                     | Drug Tier | Requirements/Limits                                      |
|---------------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>methotrexate sodium tabs</i>                               | 2         | PA BvD                                                   |
| <i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i> | 2         | PA BvD                                                   |
| <i>methotrexate tabs</i>                                      | 2         | PA BvD                                                   |
| <i>methotrexate inj 50mg/2ml</i>                              | 2         | PA BvD                                                   |
| NERLYNX                                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| <i>nilutamide</i>                                             | 5         | NEDS                                                     |
| NINLARO                                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| NUBEQA                                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| ODOMZO                                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| ONUREG                                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| ORSERDU                                                       | 5         | PA NSO; NEDS                                             |
| PEMAZYRE                                                      | 5         | PA NSO; NEDS                                             |
| PIQRAY 200MG DAILY DOSE                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| PIQRAY 250MG DAILY DOSE                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| PIQRAY 300MG DAILY DOSE                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| POMALYST                                                      | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| PURIXAN                                                       | 5         | NEDS                                                     |
| QINLOCK                                                       | 5         | PA NSO; NEDS                                             |
| RETEVMO                                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| REZLIDHIA                                                     | 5         | PA NSO; NEDS                                             |
| ROZLYTREK                                                     | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| RUBRACA                                                       | 5         | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| RYDAPT                                                        | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| SCEMBLIX                                                      | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| <i>sorafenib</i>                                              | 5         | QL(220 EA per 30 days); PA NSO; NEDS                     |
| <i>sorafenib tosylate tabs</i>                                | 5         | QL(220 EA per 30 days); PA NSO; NEDS                     |
| SPRYCEL                                                       | 5         | PA NSO; NEDS; SP-Optum Specialty                         |

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| Drug Name                                | Drug Tier | Requirements/Limits                                      |
|------------------------------------------|-----------|----------------------------------------------------------|
| STIVARGA                                 | 5         | QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty  |
| <i>sunitinib malate</i>                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| SYNRIBO                                  | 5         | NEDS                                                     |
| TABLOID                                  | 3         | SP-Optum Specialty                                       |
| TABRECTA                                 | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| TAFINLAR TBSO                            | 5         | PA NSO; NEDS                                             |
| TAFINLAR CAPS                            | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| TAGRISO                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| TALZENNA CAPS 0.1MG, 0.35MG              | 5         | PA NSO; NEDS                                             |
| TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| TASIGNA                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| TAZVERIK                                 | 5         | PA NSO; NEDS                                             |
| TEPMETKO                                 | 5         | PA NSO; NEDS                                             |
| TIBSOVO                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| <i>tretinoin caps 10mg</i>               | 5         | NEDS; SP-Optum Specialty                                 |
| TREXALL                                  | 4         | PA BvD                                                   |
| TRUSELTIQ                                | 5         | PA NSO; NEDS                                             |
| TUKYSA                                   | 5         | PA NSO; NEDS                                             |
| TURALIO                                  | 5         | PA NSO; NEDS                                             |
| VENCLEXTA STARTING PACK                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| VENCLEXTA TABS 10MG, 50MG                | 3         | PA NSO; SP-Optum Specialty                               |
| VENCLEXTA TABS 100MG                     | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| VERZENIO                                 | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| VITRAKVI                                 | 5         | PA NSO; NEDS                                             |
| VIZIMPRO                                 | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| VONJO                                    | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| VOTRIENT                                 | 5         | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| WELIREG                                  | 5         | PA NSO; NEDS                                             |
| XALKORI                                  | 5         | PA NSO; NEDS; SP-Optum Specialty                         |
| XATMEP                                   | 4         | PA BvD                                                   |

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| Drug Name                                                                         | Drug Tier | Requirements/Limits              |
|-----------------------------------------------------------------------------------|-----------|----------------------------------|
| XOSPATA                                                                           | 5         | PA NSO; NEDS                     |
| XPOVIO                                                                            | 5         | PA NSO; NEDS                     |
| XPOVIO 100 MG ONCE WEEKLY                                                         | 5         | PA NSO; NEDS                     |
| XPOVIO 40 MG ONCE WEEKLY                                                          | 5         | PA NSO; NEDS                     |
| XPOVIO 40 MG TWICE WEEKLY                                                         | 5         | PA NSO; NEDS                     |
| XPOVIO 60 MG ONCE WEEKLY                                                          | 5         | PA NSO; NEDS                     |
| XPOVIO 60 MG TWICE WEEKLY                                                         | 5         | PA NSO; NEDS                     |
| XPOVIO 80 MG ONCE WEEKLY                                                          | 5         | PA NSO; NEDS                     |
| XPOVIO 80 MG TWICE WEEKLY                                                         | 5         | PA NSO; NEDS                     |
| XTANDI                                                                            | 5         | PA NSO; NEDS; SP-Optum Specialty |
| YONSA                                                                             | 5         | PA NSO; NEDS; SP-Optum Specialty |
| ZEJULA TABS                                                                       | 5         | PA NSO; NEDS                     |
| ZEJULA CAPS                                                                       | 5         | PA NSO; NEDS; SP-Optum Specialty |
| ZELBORAF                                                                          | 5         | PA NSO; NEDS; SP-Optum Specialty |
| ZOLINZA                                                                           | 5         | PA NSO; NEDS; SP-Optum Specialty |
| ZYDELIG                                                                           | 5         | PA NSO; NEDS; SP-Optum Specialty |
| ZYKADIA TABS                                                                      | 5         | PA NSO; NEDS; SP-Optum Specialty |
| <b>Antitoxins, Immune Globulins, Toxoids, and Vaccines</b>                        |           |                                  |
| <b><i>Antitoxins and Immune Globulins</i></b>                                     |           |                                  |
| BIVIGAM INJ 10%, 5GM/50ML                                                         | 5         | PA BvD; NEDS                     |
| FLEBOGAMMA DIF                                                                    | 5         | PA BvD; NEDS                     |
| GAMMAGARD LIQUID                                                                  | 5         | PA BvD; NEDS                     |
| GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML                           | 5         | PA BvD; NEDS                     |
| GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML | 5         | PA BvD; NEDS                     |
| GAMUNEX-C                                                                         | 5         | PA BvD; NEDS                     |
| OCTAGAM                                                                           | 5         | PA BvD; NEDS                     |
| PANZYGA                                                                           | 5         | PA BvD; NEDS                     |
| PRIVIGEN                                                                          | 5         | PA BvD; NEDS                     |
| <b><i>Toxoids</i></b>                                                             |           |                                  |
| ADACEL                                                                            | 6         |                                  |
| BOOSTRIX                                                                          | 6         |                                  |
| DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML                                   | 6         |                                  |
| <i>diphtheria/tetanus toxoids adsorbed pediatric</i>                              | 6         |                                  |
| INFANRIX                                                                          | 6         |                                  |
| KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML                               | 6         |                                  |

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| Drug Name                                                             | Drug Tier | Requirements/Limits    |
|-----------------------------------------------------------------------|-----------|------------------------|
| QUADRACEL                                                             | 6         |                        |
| <i>tdvax</i>                                                          | 6         |                        |
| TENIVAC                                                               | 6         |                        |
| <b>Vaccines</b>                                                       |           |                        |
| ABRYSVO                                                               | 6         |                        |
| ACTHIB                                                                | 6         |                        |
| AREXVY                                                                | 6         |                        |
| BCG VACCINE INJ 50MG                                                  | 6         |                        |
| BEXSERO                                                               | 6         |                        |
| ENGRIX-B                                                              | 6         | PA BvD                 |
| GARDASIL 9                                                            | 6         |                        |
| HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML                                   | 6         |                        |
| HEPLISAV-B                                                            | 6         | PA BvD                 |
| HIBERIX                                                               | 6         |                        |
| IMOVAX RABIES (H.D.C.V.)                                              | 6         |                        |
| IPOL INACTIVATED IPV                                                  | 6         |                        |
| IXIARO                                                                | 6         |                        |
| JYNNEOS                                                               | 6         |                        |
| M-M-R II                                                              | 6         |                        |
| MENACTRA                                                              | 6         |                        |
| MENQUADFI                                                             | 6         |                        |
| MENVEO                                                                | 6         |                        |
| PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML;<br>58MCG/0.5ML; 0; 10LFU/0.5ML | 6         |                        |
| PEDVAX HIB INJ 7.5MCG/0.5ML                                           | 6         |                        |
| PENTACEL                                                              | 6         |                        |
| PREHEVBRIO                                                            | 6         | PA BvD                 |
| PRIORIX                                                               | 6         |                        |
| PROQUAD                                                               | 6         |                        |
| RABAVERT                                                              | 6         |                        |
| RECOMBIVAX HB                                                         | 6         | PA BvD                 |
| ROTARIX                                                               | 6         |                        |
| ROTATEQ SOLN                                                          | 6         |                        |
| SHINGRIX                                                              | 6         |                        |
| STAMARIL                                                              | 6         |                        |
| TICOVAC                                                               | 6         |                        |
| TRUMENBA                                                              | 6         |                        |
| TWINRIX                                                               | 6         |                        |
| TYPHIM VI                                                             | 6         |                        |
| VAQTA                                                                 | 6         |                        |
| VARIVAX                                                               | 6         |                        |
| YF-VAX                                                                | 6         |                        |
| <b>Autonomic Drugs</b>                                                |           |                        |
| <b>Anticholinergic Agents</b>                                         |           |                        |
| ANORO ELLIPTA                                                         | 3         | QL(180 EA per 90 days) |

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| Drug Name                                           | Drug Tier | Requirements/Limits     |
|-----------------------------------------------------|-----------|-------------------------|
| ATROVENT HFA                                        | 3         | QL(77.4 GM per 90 days) |
| BEVESPI AEROSPHERE                                  | 3         | QL(10.7 GM per 30 days) |
| <i>dicyclomine hcl soln</i>                         | 2         |                         |
| <i>dicyclomine hydrochloride caps, tabs</i>         | 2         |                         |
| <i>glycopyrrolate soln</i>                          | 3         |                         |
| INCRUSE ELLIPTA                                     | 3         | QL(30 EA per 30 days)   |
| <i>ipratropium bromide inhalation soln</i>          | 2         | PA BvD                  |
| <i>ipratropium bromide nasal soln 0.03%</i>         | 2         | QL(180 ML per 90 days)  |
| <i>ipratropium bromide nasal soln 0.06%</i>         | 2         | QL(90 ML per 90 days)   |
| LONHALA MAGNAIR REFILL KIT                          | 5         | NEDS                    |
| LONHALA MAGNAIR STARTER KIT                         | 5         | NEDS                    |
| SPIRIVA RESPIMAT                                    | 3         | QL(12 GM per 90 days)   |
| STIOLTO RESPIMAT                                    | 3         | QL(12 GM per 90 days)   |
| YUPELRI                                             | 5         | PA BvD; NEDS            |
| <b>Autonomic Drugs, Miscellaneous</b>               |           |                         |
| NICOTROL INHALER                                    | 3         |                         |
| NICOTROL NS                                         | 4         |                         |
| <i>varenicline starting month box</i>               | 3         | QL(53 EA per 28 days)   |
| <i>varenicline tartrate</i>                         | 3         | QL(60 EA per 30 days)   |
| <b>Parasympathomimetic (Cholinergic) Agents</b>     |           |                         |
| <i>bethanechol chloride tabs</i>                    | 2         |                         |
| <i>donepezil hcl tbdp</i>                           | 2         |                         |
| <i>donepezil hcl tabs 10mg, 23mg</i>                | 1         |                         |
| <i>donepezil hydrochloride tabs 5mg</i>             | 1         |                         |
| <i>galantamine hydrobromide er</i>                  | 4         |                         |
| <i>galantamine hydrobromide soln, tabs</i>          | 4         |                         |
| <i>pilocarpine hydrochloride</i>                    | 4         |                         |
| <i>pyridostigmine bromide er</i>                    | 4         |                         |
| <i>pyridostigmine bromide soln</i>                  | 5         | NEDS                    |
| <i>pyridostigmine bromide tabs 60mg</i>             | 3         |                         |
| <i>rivastigmine tartrate</i>                        | 3         |                         |
| <i>rivastigmine transdermal system</i>              | 4         |                         |
| <b>Skeletal Muscle Relaxants</b>                    |           |                         |
| <i>baclofen tabs</i>                                | 2         |                         |
| <i>chlorzoxazone</i>                                | 3         |                         |
| <i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i> | 2         |                         |
| <i>cyclobenzaprine hydrochloride tabs 7.5mg</i>     | 4         |                         |
| <i>dantrolene sodium caps</i>                       | 4         |                         |
| FEXMID                                              | 4         |                         |
| <i>tizanidine hcl caps 4mg</i>                      | 4         |                         |
| <i>tizanidine hcl tabs 2mg</i>                      | 2         |                         |
| <i>tizanidine hydrochloride caps 6mg</i>            | 3         |                         |
| <i>tizanidine hydrochloride caps 2mg</i>            | 4         |                         |
| <i>tizanidine hydrochloride tabs 4mg</i>            | 2         |                         |
| <b>Sympatholytic (Adrenergic Blocking) Agents</b>   |           |                         |

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| Drug Name                                                                                                        | Drug Tier | Requirements/Limits        |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>alfuzosin hcl er</i>                                                                                          | 2         |                            |
| <i>dihydroergotamine mesylate soln</i>                                                                           | 5         | QL(8 ML per 30 days); NEDS |
| <i>phenoxybenzamine hydrochloride</i>                                                                            | 3         |                            |
| <i>silodosin</i>                                                                                                 | 3         |                            |
| <i>tamsulosin hydrochloride</i>                                                                                  | 1         |                            |
| <b>Sympathomimetic (Adrenergic) Agents</b>                                                                       |           |                            |
| <i>albuterol sulfate hfa aers 108mcg/act</i>                                                                     | 1         | QL(108 GM per 90 days)     |
| <i>albuterol sulfate hfa aers 108mcg/act</i>                                                                     | 1         | QL(40.2 GM per 90 days)    |
| <i>albuterol sulfate hfa aers 108mcg/act</i>                                                                     | 1         | QL(51 GM per 90 days)      |
| <i>albuterol sulfate nebu</i>                                                                                    | 2         | PA BvD                     |
| <i>albuterol sulfate tabs</i>                                                                                    | 3         |                            |
| <i>albuterol sulfate syrp</i>                                                                                    | 4         |                            |
| <i>arformoterol tartrate</i>                                                                                     | 3         | PA BvD                     |
| COMBIVENT RESPIMAT                                                                                               | 3         | QL(24 GM per 90 days)      |
| <i>droxidopa</i>                                                                                                 | 5         | PA; NEDS                   |
| <i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>                                                  | 3         | QL(2 EA per 1 days)        |
| <i>fluticasone propionate/salmeterol diskus</i>                                                                  | 3         | QL(180 EA per 90 days)     |
| <i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i> | 3         | QL(3 EA per 90 days)       |
| <i>formoterol fumarate nebu</i>                                                                                  | 3         | PA BvD                     |
| <i>ipratropium bromide/albuterol sulfate</i>                                                                     | 1         | PA BvD                     |
| <i>levalbuterol hcl nebu</i>                                                                                     | 4         | PA BvD                     |
| <i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>                                                                | 4         | PA BvD                     |
| <i>levalbuterol tartrate hfa</i>                                                                                 | 3         | QL(90 GM per 90 days)      |
| <i>levalbuterol nebu</i>                                                                                         | 4         | PA BvD                     |
| <i>midodrine hcl</i>                                                                                             | 3         |                            |
| PROAIR RESPICLICK                                                                                                | 3         | QL(6 EA per 90 days)       |
| SEREVENT DISKUS                                                                                                  | 3         | QL(180 EA per 90 days)     |
| STRIVERDI RESPIMAT                                                                                               | 3         | QL(12 GM per 90 days)      |
| <i>wixela inhub</i>                                                                                              | 3         | QL(180 EA per 90 days)     |
| <b>Blood Formation,Coagulation &amp; Thrombosis</b>                                                              |           |                            |
| <b>Antihemorrhagic Agents</b>                                                                                    |           |                            |
| <i>tranexamic acid</i>                                                                                           | 3         |                            |
| <b>Antithrombotic Agents</b>                                                                                     |           |                            |
| <i>anagrelide hydrochloride</i>                                                                                  | 3         |                            |
| <i>aspirin/dipyridamole er</i>                                                                                   | 3         |                            |
| BRILINTA                                                                                                         | 3         |                            |
| CABLIVI                                                                                                          | 5         | NEDS                       |
| <i>cilostazol</i>                                                                                                | 2         |                            |
| <i>clopidogrel</i>                                                                                               | 2         |                            |
| <i>dabigatran etexilate</i>                                                                                      | 3         |                            |
| ELIQUIS                                                                                                          | 3         |                            |
| ELIQUIS STARTER PACK                                                                                             | 3         |                            |
| <i>enoxaparin sodium</i>                                                                                         | 4         |                            |
| <i>fondaparinux sodium inj 2.5mg/0.5ml</i>                                                                       | 4         |                            |

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| Drug Name                                                                                                     | Drug Tier | Requirements/Limits          |
|---------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>                                             | 5         | NEDS                         |
| FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML                                                     | 3         |                              |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML | 5         | NEDS                         |
| <i>heparin sodium</i>                                                                                         | 3         |                              |
| <i>heparin sodium/d5w</i>                                                                                     | 2         |                              |
| <i>jantoven</i>                                                                                               | 1         |                              |
| <i>prasugrel</i>                                                                                              | 3         |                              |
| <i>warfarin sodium</i>                                                                                        | 1         |                              |
| XARELTO                                                                                                       | 3         |                              |
| XARELTO STARTER PACK                                                                                          | 3         |                              |
| <b>Blood Formation, Coagulation, and Thrombosis Agents Misc.</b>                                              |           |                              |
| OXBRYTA                                                                                                       | 5         | NEDS                         |
| PYRUKYND                                                                                                      | 5         | PA; NEDS; SP-Optum Specialty |
| PYRUKYND TAPER PACK                                                                                           | 5         | PA; NEDS; SP-Optum Specialty |
| TAVALISSE                                                                                                     | 5         | QL(60 EA per 30 days); NEDS  |
| <b>Hematopoietic Agents</b>                                                                                   |           |                              |
| DOPTELET                                                                                                      | 5         | PA; NEDS; SP-Optum Specialty |
| NEULASTA                                                                                                      | 5         | NEDS; SP-Optum Specialty     |
| PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML                                                             | 3         | SP-Optum Specialty           |
| PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML                                                          | 5         | NEDS; SP-Optum Specialty     |
| PROMACTA                                                                                                      | 5         | PA; NEDS; SP-Optum Specialty |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML                 | 3         | SP-Optum Specialty           |
| RETACRIT INJ 40000UNIT/ML                                                                                     | 5         | NEDS; SP-Optum Specialty     |
| UDENYCA INJ 6MG/0.6ML                                                                                         | 5         | NEDS                         |
| UDENYCA INJ 6MG/0.6ML                                                                                         | 5         | NEDS; SP-Optum Specialty     |
| ZARXIO                                                                                                        | 5         | NEDS; SP-Optum Specialty     |
| ZIEXTENZO                                                                                                     | 5         | NEDS; SP-Optum Specialty     |
| <b>Hemorrhologic Agents</b>                                                                                   |           |                              |
| <i>pentoxifylline er</i>                                                                                      | 2         |                              |
| <b>Cardiovascular Drugs</b>                                                                                   |           |                              |
| <b>alpha-Adrenergic Blocking Agents</b>                                                                       |           |                              |
| CARDURA XL                                                                                                    | 4         |                              |
| <i>doxazosin mesylate tabs</i>                                                                                | 2         |                              |
| <i>prazosin hydrochloride caps</i>                                                                            | 2         |                              |
| <i>terazosin hcl caps 10mg, 1mg, 5mg</i>                                                                      | 2         |                              |
| <i>terazosin hydrochloride caps 2mg</i>                                                                       | 2         |                              |
| <b>Antilipemic Agents</b>                                                                                     |           |                              |
| <i>atorvastatin calcium tabs</i>                                                                              | 1         |                              |

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| Drug Name                                             | Drug Tier | Requirements/Limits |
|-------------------------------------------------------|-----------|---------------------|
| <i>cholestyramine light</i>                           | 3         |                     |
| <i>cholestyramine pack</i>                            | 4         |                     |
| <i>colesevelam hydrochloride</i>                      | 3         |                     |
| <i>colestipol hcl tabs</i>                            | 3         |                     |
| <i>colestipol hcl pack</i>                            | 4         |                     |
| <i>ezetimibe</i>                                      | 2         |                     |
| <i>ezetimibe/simvastatin</i>                          | 1         |                     |
| <i>fenofibrate micronized caps 134mg, 200mg, 67mg</i> | 2         |                     |
| <i>fenofibrate tabs 160mg, 54mg</i>                   | 1         |                     |
| <i>fenofibrate tabs 145mg, 48mg</i>                   | 2         |                     |
| <i>fenofibric acid dr</i>                             | 3         |                     |
| FLOLIPID                                              | 3         |                     |
| <i>fluvastatin</i>                                    | 2         |                     |
| <i>fluvastatin sodium er</i>                          | 2         |                     |
| <i>gemfibrozil tabs</i>                               | 2         |                     |
| <i>icosapent ethyl</i>                                | 3         |                     |
| JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG                   | 5         | PA; NEDS            |
| LIVALO                                                | 3         |                     |
| <i>lovastatin tabs</i>                                | 1         |                     |
| NEXLETOL                                              | 3         | PA                  |
| NEXLIZET                                              | 3         | PA                  |
| <i>niacin er</i>                                      | 4         |                     |
| <i>omega-3-acid ethyl esters</i>                      | 4         |                     |
| PRALUENT                                              | 3         | PA                  |
| <i>pravastatin sodium</i>                             | 1         |                     |
| <i>prevalite</i>                                      | 3         |                     |
| REPATHA                                               | 3         | PA                  |
| REPATHA PUSHTRONEX SYSTEM                             | 3         | PA                  |
| REPATHA SURECLICK                                     | 3         | PA                  |
| <i>rosuvastatin calcium</i>                           | 1         |                     |
| <i>simvastatin tabs</i>                               | 1         |                     |
| VASCEPA                                               | 4         |                     |
| <b>beta-Adrenergic Blocking Agents</b>                |           |                     |
| <i>acebutolol hydrochloride</i>                       | 2         |                     |
| <i>atenolol/chlorthalidone</i>                        | 1         |                     |
| <i>atenolol tabs</i>                                  | 1         |                     |
| <i>betaxolol hcl tabs 10mg, 20mg</i>                  | 3         |                     |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>        | 2         |                     |
| <i>bisoprolol fumarate tabs</i>                       | 2         |                     |
| <i>carvedilol</i>                                     | 1         |                     |
| <i>carvedilol phosphate er</i>                        | 3         |                     |
| <i>labetalol hydrochloride tabs</i>                   | 2         |                     |
| <i>metoprolol succinate er</i>                        | 1         |                     |
| <i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>     | 1         |                     |
| <i>metoprolol/hydrochlorothiazide</i>                 | 2         |                     |

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| Drug Name                                                                | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------|-----------|---------------------|
| <i>nadolol tabs 20mg, 40mg, 80mg</i>                                     | 4         |                     |
| <i>nebivolol hydrochloride</i>                                           | 3         |                     |
| <i>pindolol</i>                                                          | 3         |                     |
| <i>propranolol hcl er cp24 120mg, 160mg</i>                              | 2         |                     |
| <i>propranolol hcl soln</i>                                              | 2         |                     |
| <i>propranolol hcl tabs 40mg</i>                                         | 2         |                     |
| <i>propranolol hydrochloride er cp24 60mg, 80mg</i>                      | 2         |                     |
| <i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>             | 2         |                     |
| <i>sotalol hcl</i>                                                       | 2         |                     |
| <i>sotalol hydrochloride (af)</i>                                        | 2         |                     |
| <i>timolol maleate tabs 10mg, 20mg, 5mg</i>                              | 3         |                     |
| <b>Calcium-Channel Blocking Agents</b>                                   |           |                     |
| <i>amlodipine besylate/atorvastatin calcium</i>                          | 2         |                     |
| <i>amlodipine besylate/benazepril hydrochloride</i>                      | 1         |                     |
| <i>amlodipine besylate/valsartan</i>                                     | 2         |                     |
| <i>amlodipine besylate tabs</i>                                          | 1         |                     |
| <i>amlodipine/olmesartan medoxomil</i>                                   | 2         |                     |
| <i>cartia xt</i>                                                         | 2         |                     |
| <i>dilt-xr</i>                                                           | 2         |                     |
| <i>diltiazem hcl cd</i>                                                  | 2         |                     |
| <i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>                  | 2         |                     |
| <i>diltiazem hcl er cp12, tb24</i>                                       | 2         |                     |
| <i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>                               | 2         |                     |
| <i>diltiazem hydrochloride er cp24</i>                                   | 2         |                     |
| <i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 2         |                     |
| <i>diltiazem hydrochloride tabs 120mg</i>                                | 2         |                     |
| <i>felodipine er</i>                                                     | 2         |                     |
| <i>isradipine</i>                                                        | 4         |                     |
| <i>matzim la</i>                                                         | 2         |                     |
| <i>nicardipine hcl caps</i>                                              | 4         |                     |
| <i>nifedipine er</i>                                                     | 2         |                     |
| <i>nimodipine caps</i>                                                   | 4         |                     |
| <i>nisoldipine er</i>                                                    | 4         |                     |
| NYMALIZE SOLN 6MG/ML                                                     | 5         | NEDS                |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>               | 2         |                     |
| <i>taztia xt</i>                                                         | 2         |                     |
| <i>telmisartan/amlodipine</i>                                            | 1         |                     |
| <i>tiadylt er</i>                                                        | 2         |                     |
| <i>verapamil hcl er cp24 100mg, 300mg</i>                                | 3         |                     |
| <i>verapamil hcl er tbc 120mg, 240mg</i>                                 | 2         |                     |
| <i>verapamil hcl sr cp24</i>                                             | 3         |                     |
| <i>verapamil hcl tabs 40mg, 80mg</i>                                     | 2         |                     |
| <i>verapamil hydrochloride er cp24 200mg</i>                             | 3         |                     |
| <i>verapamil hydrochloride er tbc 180mg</i>                              | 2         |                     |

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| Drug Name                                                                                       | Drug Tier | Requirements/Limits             |
|-------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| <i>verapamil hydrochloride tabs 120mg</i>                                                       | 2         |                                 |
| <b>Cardiac Drugs</b>                                                                            |           |                                 |
| <i>amiodarone hydrochloride tabs</i>                                                            | 1         |                                 |
| CAMZYOS                                                                                         | 5         | QL(30 EA per 30 days); PA; NEDS |
| CORLANOR                                                                                        | 4         |                                 |
| <i>digitek tabs 0.125mg, 0.25mg</i>                                                             | 1         |                                 |
| <i>digox</i>                                                                                    | 1         |                                 |
| <i>digoxin oral soln</i>                                                                        | 3         |                                 |
| <i>digoxin inj 0.25mg/ml</i>                                                                    | 1         |                                 |
| <i>digoxin tabs 125mcg, 250mcg</i>                                                              | 1         |                                 |
| <i>digoxin tabs 62.5mcg</i>                                                                     | 3         |                                 |
| <i>disopyramide phosphate</i>                                                                   | 4         |                                 |
| <i>dofetilide</i>                                                                               | 4         |                                 |
| <i>flecainide acetate</i>                                                                       | 2         |                                 |
| <i>mexiletine hcl</i>                                                                           | 3         |                                 |
| MULTAQ                                                                                          | 3         |                                 |
| NORPACE CR                                                                                      | 4         |                                 |
| <i>pacerone tabs 100mg, 200mg, 400mg</i>                                                        | 1         |                                 |
| <i>propafenone hcl</i>                                                                          | 2         |                                 |
| <i>propafenone hydrochloride er</i>                                                             | 4         |                                 |
| <i>quinidine gluconate cr</i>                                                                   | 4         |                                 |
| <i>quinidine sulfate tabs</i>                                                                   | 2         |                                 |
| <i>ranolazine er</i>                                                                            | 3         |                                 |
| <b>Hypotensive Agents</b>                                                                       |           |                                 |
| <i>clonidine hcl ptwk</i>                                                                       | 4         |                                 |
| <i>clonidine hydrochloride er</i>                                                               | 4         |                                 |
| <i>clonidine hydrochloride tabs</i>                                                             | 1         |                                 |
| <i>hydralazine hcl tabs 10mg</i>                                                                | 2         |                                 |
| <i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>                                         | 2         |                                 |
| <i>minoxidil tabs</i>                                                                           | 2         |                                 |
| <b>Renin-Angiotensin-Aldosterone Sys Inhib</b>                                                  |           |                                 |
| <i>aliskiren</i>                                                                                | 1         |                                 |
| <i>benazepril hcl/hydrochlorothiazide</i>                                                       | 1         |                                 |
| <i>benazepril hcl tabs 10mg, 40mg, 5mg</i>                                                      | 1         |                                 |
| <i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i> | 1         |                                 |
| <i>benazepril hydrochloride tabs 20mg</i>                                                       | 1         |                                 |
| <i>candesartan cilexetil</i>                                                                    | 1         |                                 |
| <i>candesartan cilexetil/hydrochlorothiazide</i>                                                | 1         |                                 |
| <i>captopril tabs</i>                                                                           | 1         |                                 |
| <i>enalapril maleate/hydrochlorothiazide</i>                                                    | 1         |                                 |
| <i>enalapril maleate tabs</i>                                                                   | 1         |                                 |
| ENTRESTO                                                                                        | 3         |                                 |
| <i>eplerenone</i>                                                                               | 3         |                                 |
| <i>fosinopril sodium</i>                                                                        | 1         |                                 |

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| Drug Name                                              | Drug Tier | Requirements/Limits          |
|--------------------------------------------------------|-----------|------------------------------|
| <i>fosinopril sodium/hydrochlorothiazide</i>           | 1         |                              |
| <i>irbesartan</i>                                      | 1         |                              |
| <i>irbesartan/hydrochlorothiazide</i>                  | 1         |                              |
| KERENDIA                                               | 4         | PA                           |
| <i>lisinopril/hydrochlorothiazide</i>                  | 1         |                              |
| <i>lisinopril tabs</i>                                 | 1         |                              |
| <i>losartan potassium/hydrochlorothiazide</i>          | 1         |                              |
| <i>losartan potassium tabs</i>                         | 1         |                              |
| <i>moexipril hcl</i>                                   | 1         |                              |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>        | 1         |                              |
| <i>olmesartan medoxomil tabs</i>                       | 1         |                              |
| <i>perindopril erbumine</i>                            | 1         |                              |
| <i>quinapril hcl tabs 20mg, 40mg</i>                   | 1         |                              |
| <i>quinapril hydrochloride tabs 10mg, 5mg</i>          | 1         |                              |
| <i>quinapril/hydrochlorothiazide</i>                   | 1         |                              |
| <i>ramipril</i>                                        | 1         |                              |
| <i>spironolactone/hydrochlorothiazide</i>              | 2         |                              |
| <i>spironolactone tabs</i>                             | 2         |                              |
| TEKTURNA HCT                                           | 3         |                              |
| <i>telmisartan</i>                                     | 1         |                              |
| <i>telmisartan/hydrochlorothiazide</i>                 | 1         |                              |
| <i>trandolapril</i>                                    | 1         |                              |
| <i>valsartan/hydrochlorothiazide</i>                   | 1         |                              |
| <i>valsartan tabs</i>                                  | 1         |                              |
| <b>Vasodilating Agents</b>                             |           |                              |
| <i>alyq</i>                                            | 5         | PA; NEDS; SP-Optum Specialty |
| <i>dipyridamole tabs</i>                               | 3         |                              |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i>  | 3         |                              |
| <i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i> | 2         |                              |
| <i>isosorbide mononitrate</i>                          | 2         |                              |
| <i>isosorbide mononitrate er</i>                       | 2         |                              |
| NITRO-BID                                              | 4         |                              |
| <i>nitroglycerin lingual soln</i>                      | 3         |                              |
| <i>nitroglycerin transdermal</i>                       | 2         |                              |
| <i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>          | 2         |                              |
| <i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>       | 2         | QL(4 EA per 30 days); EC     |
| <i>sildenafil citrate tabs 20mg</i>                    | 3         | PA; SP-Optum Specialty       |
| <i>tadalafil tabs 10mg, 20mg</i>                       | 2         | QL(4 EA per 30 days); EC     |
| <i>tadalafil tabs 2.5mg, 5mg</i>                       | 3         | QL(30 EA per 30 days); PA    |
| <i>tadalafil tabs 20mg</i>                             | 5         | PA; NEDS; SP-Optum Specialty |
| <i>varafenafil hydrochloride odt</i>                   | 2         | QL(4 EA per 30 days); EC     |
| <i>varafenafil hydrochloride tabs</i>                  | 2         | QL(4 EA per 30 days); EC     |
| VERQUVO                                                | 4         |                              |
| <b>Central Nervous System Agents</b>                   |           |                              |
| <b>Analgesics and Antipyretics</b>                     |           |                              |

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| Drug Name                                                                               | Drug Tier | Requirements/Limits              |
|-----------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>acetaminophen/codeine tabs</i>                                                       | 2         | QL(240 EA per 30 days)           |
| <i>acetaminophen/codeine soln</i>                                                       | 2         | QL(3600 ML per 30 days)          |
| BELBUCA                                                                                 | 4         | QL(60 EA per 30 days)            |
| <i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>                                   | 2         | QL(360 EA per 30 days)           |
| <i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>                                     | 2         | QL(90 EA per 30 days)            |
| <i>buprenorphine hcl subl 2mg</i>                                                       | 2         | QL(360 EA per 30 days)           |
| <i>buprenorphine hcl subl 8mg</i>                                                       | 2         | QL(90 EA per 30 days)            |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>                 | 4         | QL(180 EA per 30 days)           |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>               | 4         | QL(360 EA per 30 days)           |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>      | 4         | QL(90 EA per 30 days)            |
| <i>buprenorphine ptwk</i>                                                               | 3         | QL(4 EA per 28 days)             |
| <i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>                         | 3         |                                  |
| <i>butalbital/aspirin/caffeine caps</i>                                                 | 3         |                                  |
| <i>butorphanol tartrate soln</i>                                                        | 3         | QL(7.5 ML per 30 days)           |
| <i>celecoxib caps</i>                                                                   | 3         |                                  |
| <i>codeine sulfate tabs</i>                                                             | 3         | QL(180 EA per 30 days)           |
| <i>diclofenac epolamine</i>                                                             | 3         | QL(60 EA per 30 days); PA        |
| <i>diclofenac potassium tabs 50mg</i>                                                   | 2         |                                  |
| <i>diclofenac sodium dr</i>                                                             | 2         |                                  |
| <i>diclofenac sodium er</i>                                                             | 2         |                                  |
| <i>diflunisal tabs 500mg</i>                                                            | 3         |                                  |
| <i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>                 | 3         | QL(240 EA per 30 days)           |
| <i>etodolac er</i>                                                                      | 4         |                                  |
| <i>etodolac caps, tabs</i>                                                              | 3         |                                  |
| <i>fentanyl citrate oral transmucosal lpop 200mcg</i>                                   | 4         | QL(120 EA per 30 days); PA       |
| <i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> | 5         | QL(120 EA per 30 days); PA; NEDS |
| <i>fentanyl citrate tabs</i>                                                            | 5         | QL(120 EA per 30 days); PA; NEDS |
| <i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>                  | 4         | QL(10 EA per 30 days)            |
| <i>flurbiprofen tabs 100mg</i>                                                          | 2         |                                  |
| <i>hydrocodone bitartrate er t24a</i>                                                   | 3         | QL(60 EA per 30 days)            |
| <i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>                 | 3         | QL(3600 ML per 30 days)          |
| <i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>                | 3         | QL(240 EA per 30 days)           |
| <i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>                                      | 3         | QL(240 EA per 30 days)           |
| <i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>                                          | 3         | QL(240 EA per 30 days)           |
| <i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>                                        | 4         | QL(30 EA per 30 days)            |
| <i>hydromorphone hcl liqd</i>                                                           | 4         | QL(1350 ML per 30 days)          |
| <i>hydromorphone hcl tabs 8mg</i>                                                       | 2         | QL(120 EA per 30 days)           |

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| Drug Name                                                                               | Drug Tier | Requirements/Limits              |
|-----------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>hydromorphone hcl tabs 2mg, 4mg</i>                                                  | 2         | QL(240 EA per 30 days)           |
| <i>hydromorphone hydrochloride er tb24 32mg</i>                                         | 4         | QL(30 EA per 30 days)            |
| <i>ibu</i>                                                                              | 2         |                                  |
| <i>ibuprofen susp</i>                                                                   | 2         |                                  |
| <i>ibuprofen tabs 400mg, 600mg, 800mg</i>                                               | 2         |                                  |
| <i>indomethacin er</i>                                                                  | 3         |                                  |
| <i>indomethacin caps 25mg, 50mg</i>                                                     | 2         |                                  |
| <i>ketoprofen er cp24 200mg</i>                                                         | 4         |                                  |
| <i>ketoprofen caps 25mg, 50mg</i>                                                       | 3         |                                  |
| LAZANDA SOLN 400MCG/ACT                                                                 | 5         | QL(15 EA per 30 days); PA; NEDS  |
| LAZANDA SOLN 100MCG/ACT                                                                 | 5         | QL(30 EA per 30 days); PA; NEDS  |
| <i>levorphanol tartrate tabs</i>                                                        | 5         | QL(240 EA per 30 days); NEDS     |
| <i>meclofenamate sodium caps</i>                                                        | 4         |                                  |
| <i>meloxicam tabs</i>                                                                   | 1         |                                  |
| <i>meloxicam caps</i>                                                                   | 3         |                                  |
| <i>methadone hcl tabs</i>                                                               | 3         | QL(120 EA per 30 days)           |
| <i>methadone hcl soln 5mg/5ml</i>                                                       | 3         | QL(1200 ML per 30 days)          |
| <i>methadone hcl soln 10mg/5ml</i>                                                      | 3         | QL(600 ML per 30 days)           |
| <i>morphine sulfate er cp24 40mg</i>                                                    | 3         | QL(60 EA per 30 days)            |
| <i>morphine sulfate er tbc 100mg, 15mg, 30mg, 60mg</i>                                  | 3         | QL(60 EA per 30 days)            |
| <i>morphine sulfate er tbc 200mg</i>                                                    | 4         | QL(60 EA per 30 days)            |
| <i>morphine sulfate tabs</i>                                                            | 3         | QL(180 EA per 30 days)           |
| <i>morphine sulfate soln 20mg/ml</i>                                                    | 3         | QL(180 ML per 30 days)           |
| <i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>                                         | 3         | QL(900 ML per 30 days)           |
| <i>nabumetone tabs</i>                                                                  | 2         |                                  |
| <i>naproxen sodium tabs 275mg, 550mg</i>                                                | 2         |                                  |
| <i>naproxen tbc</i>                                                                     | 2         |                                  |
| <i>naproxen susp</i>                                                                    | 4         |                                  |
| <i>naproxen tabs 250mg, 375mg, 500mg</i>                                                | 2         |                                  |
| <i>oxaprozin</i>                                                                        | 4         |                                  |
| <i>oxycodone hcl er t12a</i>                                                            | 3         | QL(60 EA per 30 days)            |
| <i>oxycodone hydrochloride er t12a 10mg, 20mg</i>                                       | 3         | QL(60 EA per 30 days)            |
| <i>oxycodone hydrochloride soln</i>                                                     | 3         | QL(2400 ML per 30 days)          |
| <i>oxycodone hydrochloride conc</i>                                                     | 4         | QL(120 ML per 30 days)           |
| <i>oxycodone hydrochloride tabs 20mg, 30mg</i>                                          | 2         | QL(120 EA per 30 days)           |
| <i>oxycodone hydrochloride tabs 10mg, 15mg</i>                                          | 2         | QL(180 EA per 30 days)           |
| <i>oxycodone hydrochloride tabs 5mg</i>                                                 | 2         | QL(240 EA per 30 days)           |
| <i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i> | 3         | QL(240 EA per 30 days)           |
| OXYCONTIN T12A                                                                          | 3         | QL(60 EA per 30 days)            |
| <i>piroxicam caps</i>                                                                   | 3         |                                  |
| <i>pregabalin er</i>                                                                    | 3         |                                  |
| SUBSYS                                                                                  | 5         | QL(120 EA per 30 days); PA; NEDS |
| <i>sulindac tabs</i>                                                                    | 2         |                                  |
| <i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>                                         | 3         | QL(30 EA per 30 days)            |

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| Drug Name                                                                   | Drug Tier | Requirements/Limits    |
|-----------------------------------------------------------------------------|-----------|------------------------|
| <i>tramadol hcl er tb24</i>                                                 | 3         | QL(30 EA per 30 days)  |
| <i>tramadol hcl tabs</i>                                                    | 2         | QL(240 EA per 30 days) |
| <i>tramadol hydrochloride er</i>                                            | 3         | QL(30 EA per 30 days)  |
| <i>tramadol hydrochloride/acetaminophen</i>                                 | 2         | QL(240 EA per 30 days) |
| <b>Anorexigenic Agents and Respiratory and CNS Stimulants</b>               |           |                        |
| <i>amphetamine/dextroamphetamine</i>                                        | 3         |                        |
| <i>armodafinil</i>                                                          | 3         | PA                     |
| <i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>                            | 3         |                        |
| <i>dexmethylphenidate hcl tabs 10mg, 5mg</i>                                | 2         |                        |
| <i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i> | 3         |                        |
| <i>dexmethylphenidate hydrochloride cp24</i>                                | 3         |                        |
| <i>dexmethylphenidate hydrochloride tabs 2.5mg</i>                          | 2         |                        |
| <i>dextroamphetamine sulfate er</i>                                         | 3         |                        |
| <i>dextroamphetamine sulfate tabs</i>                                       | 3         |                        |
| <i>methamphetamine hcl</i>                                                  | 2         | PA                     |
| <i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>                      | 2         |                        |
| <i>methylphenidate hydrochloride soln, tabs</i>                             | 2         |                        |
| <i>modafinil</i>                                                            | 4         | PA                     |
| SUNOSI                                                                      | 4         | PA                     |
| VYVANSE                                                                     | 4         | PA                     |
| <b>Anticonvulsants</b>                                                      |           |                        |
| APTIOM                                                                      | 4         |                        |
| BRIVIACT SOLN, TABS                                                         | 5         | NEDS                   |
| <i>carbamazepine er</i>                                                     | 3         |                        |
| <i>carbamazepine chew, susp, tabs</i>                                       | 3         |                        |
| CELONTIN CAPS 300MG                                                         | 4         |                        |
| <i>clobazam susp</i>                                                        | 3         |                        |
| <i>clobazam tabs</i>                                                        | 3         | QL(60 EA per 30 days)  |
| <i>clonazepam odt</i>                                                       | 4         |                        |
| <i>clonazepam tabs</i>                                                      | 2         |                        |
| DIACOMIT                                                                    | 5         | PA NSO; NEDS           |
| DILANTIN INFATABS                                                           | 3         |                        |
| DILANTIN-125                                                                | 3         |                        |
| DILANTIN CAPS                                                               | 3         |                        |
| <i>divalproex sodium dr</i>                                                 | 2         |                        |
| <i>divalproex sodium er</i>                                                 | 2         |                        |
| <i>divalproex sodium csdr</i>                                               | 2         |                        |
| EPIDIOLEX                                                                   | 4         | PA NSO                 |
| <i>epitol</i>                                                               | 3         |                        |
| EPRONTIA                                                                    | 4         |                        |
| EQUETRO                                                                     | 4         |                        |
| <i>ethosuximide caps, soln</i>                                              | 3         |                        |
| <i>felbamate tabs</i>                                                       | 4         |                        |
| <i>felbamate susp</i>                                                       | 5         | NEDS                   |

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|--------------------------------------------|-----------|-------------------------------|
| FINTEPLA                                   | 5         | PA NSO; NEDS                  |
| FYCOMPA                                    | 4         |                               |
| <i>gabapentin caps</i>                     | 1         |                               |
| <i>gabapentin soln</i>                     | 2         |                               |
| <i>gabapentin tabs 600mg, 800mg</i>        | 1         |                               |
| HORIZANT                                   | 4         |                               |
| <i>lacosamide inj, oral soln</i>           | 3         |                               |
| <i>lacosamide tabs 50mg</i>                | 3         | QL(60 EA per 30 days)         |
| <i>lacosamide tabs 100mg, 150mg, 200mg</i> | 4         | QL(60 EA per 30 days)         |
| <i>lamotrigine starter kit/blue</i>        | 2         |                               |
| <i>lamotrigine starter kit/green</i>       | 2         |                               |
| <i>lamotrigine starter kit/orange</i>      | 2         |                               |
| <i>lamotrigine tabs</i>                    | 2         |                               |
| <i>lamotrigine chew</i>                    | 3         |                               |
| <i>levetiracetam er</i>                    | 3         |                               |
| <i>levetiracetam oral soln, tabs</i>       | 2         |                               |
| <i>levetiracetam inj 500mg/5ml</i>         | 2         |                               |
| <i>magnesium sulfate inj 50%</i>           | 4         |                               |
| <i>methsuximide</i>                        | 3         |                               |
| NAYZILAM                                   | 4         | QL(10 EA per 30 days); PA NSO |
| <i>oxcarbazepine tabs</i>                  | 3         |                               |
| <i>oxcarbazepine susp</i>                  | 4         |                               |
| <i>phenytoin sodium extended</i>           | 2         |                               |
| <i>phenytoin chew, susp</i>                | 2         |                               |
| <i>pregabalin caps, soln</i>               | 3         |                               |
| <i>primidone tabs</i>                      | 2         |                               |
| <i>roweepra tabs 500mg</i>                 | 2         |                               |
| <i>rufinamide</i>                          | 3         |                               |
| SPRITAM                                    | 4         |                               |
| <i>subvenite</i>                           | 2         |                               |
| <i>subvenite starter kit/blue</i>          | 2         |                               |
| <i>subvenite starter kit/green</i>         | 2         |                               |
| <i>subvenite starter kit/orange</i>        | 2         |                               |
| SYMPAZAN                                   | 4         |                               |
| <i>tiagabine hydrochloride</i>             | 4         |                               |
| <i>topiramate er cs24</i>                  | 4         |                               |
| <i>topiramate csp, tabs</i>                | 2         |                               |
| <i>valproate sodium inj 100mg/ml</i>       | 2         |                               |
| <i>valproic acid caps, soln</i>            | 2         |                               |
| VALTOCO 10 MG DOSE                         | 4         | QL(10 EA per 30 days); PA NSO |
| VALTOCO 15 MG DOSE                         | 4         | QL(10 EA per 30 days); PA NSO |
| VALTOCO 20 MG DOSE                         | 4         | QL(10 EA per 30 days); PA NSO |
| VALTOCO 5 MG DOSE                          | 4         | QL(10 EA per 30 days); PA NSO |
| <i>vigabatrin</i>                          | 5         | NEDS                          |
| <i>vigadrone</i>                           | 5         | NEDS                          |

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|------------------------------------------------------|-----------|--------------------------|
| XCOPRI TABS                                          | 5         | NEDS                     |
| XCOPRI TBPK 0                                        | 4         |                          |
| XCOPRI TBPK 0                                        | 5         | NEDS                     |
| ZONISADE                                             | 4         |                          |
| <i>zonisamide caps</i>                               | 2         |                          |
| ZTALMY                                               | 5         | PA NSO; NEDS             |
| <b>Antimanic Agents</b>                              |           |                          |
| <i>lithium carbonate er</i>                          | 2         |                          |
| <i>lithium carbonate caps, tabs</i>                  | 2         |                          |
| <b>Antimigraine Agents</b>                           |           |                          |
| AIMOVIG                                              | 3         | QL(1 ML per 30 days); PA |
| <i>almotriptan</i>                                   | 4         |                          |
| EMGALITY INJ 120MG/ML                                | 3         | QL(2 ML per 30 days); PA |
| EMGALITY INJ 100MG/ML                                | 3         | QL(3 ML per 30 days); PA |
| <i>frovatriptan succinate</i>                        | 4         |                          |
| <i>naratriptan hcl</i>                               | 4         |                          |
| NURTEC                                               | 4         | PA                       |
| <i>rizatriptan benzoate</i>                          | 3         |                          |
| <i>rizatriptan benzoate odt</i>                      | 3         |                          |
| <i>sumatriptan succinate tabs</i>                    | 2         |                          |
| <i>sumatriptan succinate inj</i>                     | 4         |                          |
| <i>sumatriptan soln</i>                              | 4         |                          |
| UBRELVY                                              | 4         | PA                       |
| <b>Antiparkinsonian Agents</b>                       |           |                          |
| <i>amantadine hcl soln</i>                           | 2         |                          |
| <i>amantadine hcl caps, tabs</i>                     | 3         |                          |
| <i>benztropine mesylate tabs</i>                     | 2         |                          |
| <i>bromocriptine mesylate caps, tabs</i>             | 3         |                          |
| <i>cabergoline</i>                                   | 3         |                          |
| <i>carbidopa/levodopa</i>                            | 1         |                          |
| <i>carbidopa/levodopa er</i>                         | 1         |                          |
| <i>carbidopa/levodopa odt</i>                        | 2         |                          |
| <i>carbidopa/levodopa/entacapone</i>                 | 4         |                          |
| <i>carbidopa tabs</i>                                | 4         |                          |
| EMSAM                                                | 5         | ST NSO; NEDS             |
| <i>entacapone</i>                                    | 4         |                          |
| GOCOVRI                                              | 4         | PA                       |
| INBRIJA                                              | 5         | NEDS                     |
| KYNMOBI                                              | 5         | NEDS                     |
| NEUPRO                                               | 4         | QL(30 EA per 30 days)    |
| ONGENTYS                                             | 4         |                          |
| <i>pramipexole dihydrochloride</i>                   | 2         |                          |
| <i>rasagiline mesylate tabs</i>                      | 4         |                          |
| <i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i> | 2         |                          |
| <i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>     | 2         |                          |

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| Drug Name                                                                         | Drug Tier | Requirements/Limits   |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| RYTARY                                                                            | 4         |                       |
| <i>selegiline hcl caps, tabs</i>                                                  | 3         |                       |
| <i>trihexyphenidyl hcl soln</i>                                                   | 2         |                       |
| <i>trihexyphenidyl hydrochloride</i>                                              | 2         |                       |
| <b>Anxiolytics, Sedatives, and Hypnotics</b>                                      |           |                       |
| <i>alprazolam odt</i>                                                             | 3         |                       |
| <i>alprazolam tabs</i>                                                            | 1         |                       |
| BELSOMRA                                                                          | 3         |                       |
| <i>buspirone hcl tabs 15mg, 30mg</i>                                              | 2         |                       |
| <i>buspirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>                              | 2         |                       |
| <i>chlordiazepoxide hcl caps 10mg, 5mg</i>                                        | 2         |                       |
| <i>chlordiazepoxide hydrochloride caps 25mg</i>                                   | 2         |                       |
| <i>clorazepate dipotassium tabs</i>                                               | 3         |                       |
| DAYVIGO                                                                           | 4         |                       |
| <i>diazepam intensol</i>                                                          | 2         |                       |
| <i>diazepam rectal gel</i>                                                        | 4         |                       |
| <i>diazepam soln, tabs</i>                                                        | 2         |                       |
| HETLIOZ LQ                                                                        | 5         | PA; NEDS              |
| <i>hydroxyzine hcl tabs 50mg</i>                                                  | 3         |                       |
| <i>hydroxyzine hydrochloride syrp</i>                                             | 3         |                       |
| <i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>                                  | 3         |                       |
| <i>hydroxyzine pamoate caps</i>                                                   | 3         |                       |
| <i>lorazepam intensol</i>                                                         | 2         |                       |
| <i>lorazepam tabs</i>                                                             | 1         |                       |
| <i>oxazepam</i>                                                                   | 3         |                       |
| <i>phenobarbital elix 20mg/5ml</i>                                                | 2         |                       |
| <i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i> | 2         |                       |
| <i>ramelteon</i>                                                                  | 3         | QL(30 EA per 30 days) |
| <i>tasimelteon</i>                                                                | 5         | PA; NEDS              |
| <i>temazepam caps 15mg, 30mg</i>                                                  | 2         |                       |
| <i>zaleplon</i>                                                                   | 3         |                       |
| <i>zolpidem tartrate tabs</i>                                                     | 2         |                       |
| <b>Central Nervous System Agents, Misc</b>                                        |           |                       |
| <i>acamprosate calcium dr</i>                                                     | 4         |                       |
| <i>atomoxetine hydrochloride caps 10mg, 25mg</i>                                  | 4         | QL(60 EA per 30 days) |
| <i>atomoxetine caps 100mg, 80mg</i>                                               | 4         | QL(30 EA per 30 days) |
| <i>atomoxetine caps 18mg, 40mg, 60mg</i>                                          | 4         | QL(60 EA per 30 days) |
| EXSERVAN                                                                          | 5         | NEDS                  |
| <i>guanfacine er tb24 2mg</i>                                                     | 3         | QL(90 EA per 90 days) |
| <i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>                                | 3         | QL(90 EA per 90 days) |
| <i>memantine hcl titration pak</i>                                                | 3         |                       |
| <i>memantine hydrochloride er</i>                                                 | 3         |                       |
| <i>memantine hydrochloride tabs</i>                                               | 2         |                       |
| <i>memantine hydrochloride soln</i>                                               | 3         |                       |

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| Drug Name                                                | Drug Tier | Requirements/Limits                 |
|----------------------------------------------------------|-----------|-------------------------------------|
| NAMZARIC                                                 | 3         |                                     |
| NOURIANZ                                                 | 5         | QL(30 EA per 30 days); NEDS         |
| NUEDEXTA                                                 | 3         | PA                                  |
| RADICAVA ORS                                             | 5         | PA; NEDS; SP-Optum Specialty        |
| RADICAVA ORS STARTER KIT                                 | 5         | PA; NEDS; SP-Optum Specialty        |
| RELYVRIO                                                 | 5         | QL(60 EA per 30 days); PA; NEDS     |
| <i>riluzole</i>                                          | 3         |                                     |
| <i>sodium oxybate</i>                                    | 5         | PA; NEDS                            |
| <b>Fibromyalgia Agents</b>                               |           |                                     |
| SAVELLA                                                  | 3         |                                     |
| SAVELLA TITRATION PACK                                   | 3         |                                     |
| <b>Opiate Antagonists</b>                                |           |                                     |
| <i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>                | 2         |                                     |
| <i>naloxone hydrochloride liqd</i>                       | 3         | QL(4 EA per 30 days)                |
| <i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>     | 2         |                                     |
| <i>naltrexone hcl tabs</i>                               | 3         |                                     |
| VIVITROL                                                 | 5         | NEDS                                |
| <b>Psychotherapeutic Agents</b>                          |           |                                     |
| ABILIFY ASIMTUFII                                        | 5         | NEDS                                |
| ABILIFY MAINTENA                                         | 5         | NEDS                                |
| ABILIFY MYCITE                                           | 5         | QL(30 EA per 30 days); PA NSO; NEDS |
| ABILIFY MYCITE MAINTENANCE KIT                           | 5         | QL(30 EA per 30 days); PA NSO; NEDS |
| ABILIFY MYCITE STARTER KIT                               | 5         | QL(30 EA per 30 days); PA NSO; NEDS |
| <i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>   | 4         |                                     |
| <i>amitriptyline hydrochloride tabs 10mg, 50mg</i>       | 4         |                                     |
| <i>amoxapine</i>                                         | 3         |                                     |
| APLENZIN TB24 174MG, 348MG                               | 4         | ST NSO                              |
| APLENZIN TB24 522MG                                      | 5         | ST NSO; NEDS                        |
| <i>aripiprazole</i>                                      | 3         |                                     |
| <i>aripiprazole odt</i>                                  | 3         |                                     |
| ARISTADA                                                 | 5         | NEDS                                |
| ARISTADA INITIO                                          | 5         | NEDS                                |
| <i>asenapine maleate sl</i>                              | 3         | ST NSO                              |
| AUVELITY                                                 | 4         |                                     |
| <i>bupropion hcl tabs 100mg</i>                          | 2         |                                     |
| <i>bupropion hydrochloride er (sr)</i>                   | 2         |                                     |
| <i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i> | 2         |                                     |
| <i>bupropion hydrochloride er (xl) tb24 450mg</i>        | 3         |                                     |
| <i>bupropion hydrochloride tabs 75mg</i>                 | 2         |                                     |
| CAPLYTA                                                  | 5         | QL(30 EA per 30 days); PA NSO; NEDS |
| <i>chlorpromazine hcl tabs</i>                           | 4         |                                     |

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|------------------------------------------------------------------|-----------|-----------------------|
| <i>chlorpromazine hydrochloride conc</i>                         | 4         |                       |
| <i>citalopram hydrobromide tabs</i>                              | 1         |                       |
| <i>citalopram hydrobromide caps, soln</i>                        | 3         |                       |
| <i>clomipramine hydrochloride</i>                                | 4         |                       |
| <i>clozapine odt</i>                                             | 4         |                       |
| <i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>                   | 3         |                       |
| <i>desipramine hydrochloride</i>                                 | 3         |                       |
| <i>desvenlafaxine er</i>                                         | 3         |                       |
| <i>doxepin hcl caps 75mg</i>                                     | 3         |                       |
| <i>doxepin hcl conc</i>                                          | 3         |                       |
| <i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i> | 3         |                       |
| <i>doxepin hydrochloride tabs 3mg, 6mg</i>                       | 3         | QL(30 EA per 30 days) |
| DRIZALMA SPRINKLE CSDR 20MG, 60MG                                | 4         | QL(60 EA per 30 days) |
| DRIZALMA SPRINKLE CSDR 30MG, 40MG                                | 4         | QL(90 EA per 30 days) |
| <i>duloxetine hcl cpep 40mg</i>                                  | 3         | QL(90 EA per 30 days) |
| <i>duloxetine hydrochloride cpep 20mg, 60mg</i>                  | 3         | QL(60 EA per 30 days) |
| <i>duloxetine hydrochloride cpep 30mg</i>                        | 3         | QL(90 EA per 30 days) |
| <i>escitalopram oxalate tabs</i>                                 | 1         |                       |
| <i>escitalopram oxalate soln</i>                                 | 2         |                       |
| FANAPT                                                           | 4         | ST NSO                |
| FANAPT TITRATION PACK                                            | 4         | ST NSO                |
| FETZIMA                                                          | 4         | ST NSO                |
| FETZIMA TITRATION PACK                                           | 4         | ST NSO                |
| <i>fluoxetine dr</i>                                             | 4         |                       |
| <i>fluoxetine hcl caps 20mg</i>                                  | 2         |                       |
| <i>fluoxetine hcl soln</i>                                       | 2         |                       |
| <i>fluoxetine hydrochloride caps 10mg, 40mg</i>                  | 2         |                       |
| <i>fluoxetine hydrochloride soln</i>                             | 2         |                       |
| <i>fluoxetine hydrochloride tabs</i>                             | 4         |                       |
| <i>fluphenazine decanoate inj</i>                                | 4         |                       |
| <i>fluphenazine hcl tabs</i>                                     | 2         |                       |
| <i>fluphenazine hcl conc</i>                                     | 3         |                       |
| <i>fluphenazine hcl inj</i>                                      | 4         |                       |
| <i>fluphenazine hydrochloride elix</i>                           | 4         |                       |
| <i>fluvoxamine maleate</i>                                       | 3         |                       |
| <i>fluvoxamine maleate er</i>                                    | 4         |                       |
| <i>haloperidol decanoate inj</i>                                 | 4         |                       |
| <i>haloperidol lactate</i>                                       | 4         |                       |
| <i>haloperidol conc, tabs</i>                                    | 2         |                       |
| <i>imipramine hcl tabs 25mg, 50mg</i>                            | 4         |                       |
| <i>imipramine hydrochloride tabs 10mg</i>                        | 4         |                       |
| <i>imipramine pamoate</i>                                        | 4         |                       |
| INVEGA HAFYERA                                                   | 5         | NEDS                  |
| INVEGA SUSTENNA INJ 39MG/0.25ML                                  | 4         |                       |

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| Drug Name                                                           | Drug Tier | Requirements/Limits                 |
|---------------------------------------------------------------------|-----------|-------------------------------------|
| INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | 5         | NEDS                                |
| INVEGA TRINZA                                                       | 5         | NEDS                                |
| <i>loxapine</i>                                                     | 2         |                                     |
| <i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>        | 4         | QL(30 EA per 30 days)               |
| <i>lurasidone hydrochloride tabs 80mg</i>                           | 4         | QL(60 EA per 30 days)               |
| LYBALVI                                                             | 5         | PA NSO; NEDS                        |
| MARPLAN                                                             | 4         |                                     |
| <i>mirtazapine odt</i>                                              | 2         |                                     |
| <i>mirtazapine tabs</i>                                             | 2         |                                     |
| <i>molindone hydrochloride</i>                                      | 3         |                                     |
| <i>nefazodone hydrochloride</i>                                     | 4         |                                     |
| <i>nortriptyline hcl caps 25mg, 75mg</i>                            | 2         |                                     |
| <i>nortriptyline hcl soln</i>                                       | 2         |                                     |
| <i>nortriptyline hydrochloride caps 10mg, 50mg</i>                  | 2         |                                     |
| NUPLAZID CAPS                                                       | 5         | QL(60 EA per 30 days); PA NSO; NEDS |
| NUPLAZID TABS 10MG                                                  | 5         | QL(60 EA per 30 days); PA NSO; NEDS |
| <i>olanzapine odt</i>                                               | 2         |                                     |
| <i>olanzapine/fluoxetine</i>                                        | 3         |                                     |
| <i>olanzapine tabs</i>                                              | 2         |                                     |
| <i>olanzapine inj</i>                                               | 4         |                                     |
| <i>paliperidone er</i>                                              | 3         |                                     |
| <i>paroxetine hcl er</i>                                            | 4         |                                     |
| <i>paroxetine hcl tabs 30mg, 40mg</i>                               | 2         |                                     |
| <i>paroxetine hydrochloride susp</i>                                | 3         |                                     |
| <i>paroxetine hydrochloride tabs 10mg, 20mg</i>                     | 2         |                                     |
| <i>perphenazine tabs</i>                                            | 4         |                                     |
| PERSERIS                                                            | 5         | NEDS                                |
| <i>phenelzine sulfate tabs</i>                                      | 3         |                                     |
| <i>pimozide</i>                                                     | 4         |                                     |
| <i>prochlorperazine maleate tabs</i>                                | 2         |                                     |
| <i>prochlorperazine supp 25mg</i>                                   | 4         |                                     |
| <i>protriptyline hcl</i>                                            | 2         |                                     |
| <i>quetiapine fumarate er</i>                                       | 3         |                                     |
| <i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>   | 2         |                                     |
| <i>quetiapine fumarate tabs 25mg, 50mg</i>                          | 2         | QL(60 EA per 30 days)               |
| REXULTI                                                             | 5         | NEDS                                |
| RISPERDAL CONSTA INJ 12.5MG                                         | 4         |                                     |
| RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG                             | 5         | NEDS                                |
| <i>risperidone odt</i>                                              | 3         |                                     |
| <i>risperidone tabs</i>                                             | 2         |                                     |
| <i>risperidone soln</i>                                             | 4         |                                     |

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| Drug Name                                                   | Drug Tier | Requirements/Limits          |
|-------------------------------------------------------------|-----------|------------------------------|
| SECUADO                                                     | 5         | NEDS                         |
| <i>sertraline hcl conc</i>                                  | 4         |                              |
| <i>sertraline hcl tabs 25mg, 50mg</i>                       | 1         |                              |
| <i>sertraline hydrochloride tabs 100mg</i>                  | 1         |                              |
| <i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>        | 3         |                              |
| <i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>                 | 3         |                              |
| <i>tranylcypromine sulfate</i>                              | 4         |                              |
| <i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>      | 1         |                              |
| <i>trazodone hydrochloride tabs 300mg</i>                   | 2         |                              |
| <i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>              | 3         |                              |
| <i>trifluoperazine hydrochloride tabs 1mg</i>               | 3         |                              |
| <i>trimipramine maleate caps</i>                            | 4         |                              |
| TRINTELLIX                                                  | 4         |                              |
| <i>venlafaxine besylate er</i>                              | 3         |                              |
| <i>venlafaxine hcl er cp24 150mg, 37.5mg</i>                | 2         |                              |
| <i>venlafaxine hcl er tb24 37.5mg</i>                       | 3         |                              |
| <i>venlafaxine hydrochloride</i>                            | 3         |                              |
| <i>venlafaxine hydrochloride er cp24 75mg</i>               | 2         |                              |
| <i>venlafaxine hydrochloride er tb24</i>                    | 3         |                              |
| VERSACLOZ                                                   | 5         | NEDS                         |
| VIIBRYD STARTER PACK                                        | 4         |                              |
| <i>vilazodone hydrochloride</i>                             | 3         |                              |
| VRAYLAR CPPK                                                | 4         |                              |
| VRAYLAR CAPS                                                | 5         | NEDS                         |
| <i>ziprasidone hcl</i>                                      | 2         |                              |
| <i>ziprasidone mesylate</i>                                 | 3         |                              |
| ZYPREXA RELPREVV INJ 210MG                                  | 3         |                              |
| ZYPREXA RELPREVV INJ 300MG, 405MG                           | 5         | NEDS                         |
| <b>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</b> |           |                              |
| AUSTEDO                                                     | 5         | PA; NEDS; SP-Optum Specialty |
| INGREZZA                                                    | 5         | PA; NEDS                     |
| <i>tetrabenazine</i>                                        | 5         | PA; NEDS; SP-Optum Specialty |
| <b>Devices</b>                                              |           |                              |
| <b>Devices</b>                                              |           |                              |
| <i>alcohol prep pads</i>                                    | 3         |                              |
| <i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>   | 3         |                              |
| <i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>        | 3         |                              |
| <i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>     | 3         |                              |
| <i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>          | 3         |                              |
| <i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>              | 3         |                              |
| <i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>             | 3         |                              |
| <i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>       | 3         |                              |
| <i>curity gauze pads 2"x2" 12 ply</i>                       | 2         |                              |
| <i>gauze pads 2"x2"</i>                                     | 2         |                              |
| <i>gnp insulin syringe/0.3ml/30g x 5/16"</i>                | 3         |                              |

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| Drug Name                                                                                                                                                                                                                                                                                 | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>gnp insulin syringe/0.5ml/30g x 5/16"</i>                                                                                                                                                                                                                                              | 3         |                     |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)                                                                                                                                                                                                                                                            | 4         |                     |
| OMNIPOD 5 G6 PODS (GEN 5)                                                                                                                                                                                                                                                                 | 4         |                     |
| OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD CLASSIC PODS (GEN 3)                                                                                                                                                                                                                                                              | 4         |                     |
| OMNIPOD DASH INTRO KIT (GEN 4)                                                                                                                                                                                                                                                            | 4         |                     |
| OMNIPOD DASH PDM KIT (GEN 4)                                                                                                                                                                                                                                                              | 4         |                     |
| OMNIPOD DASH PODS (GEN 4)                                                                                                                                                                                                                                                                 | 4         |                     |
| OMNIPOD GO 10 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD GO 15 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD GO 20 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD GO 25 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD GO 30 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD GO 35 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| OMNIPOD GO 40 UNITS/DAY                                                                                                                                                                                                                                                                   | 4         |                     |
| <i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>                                                                                                                                                                                                                                    | 3         |                     |
| <i>techlite pen needles 29g x 10mm</i>                                                                                                                                                                                                                                                    | 3         |                     |
| <i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>                                                                                                                                                                                                                                     | 3         |                     |
| <i>trueplus pen needles 29gx12mm</i>                                                                                                                                                                                                                                                      | 3         |                     |
| <b>Electrolytic, Caloric, and Water Balance</b>                                                                                                                                                                                                                                           |           |                     |
| <b>Alkalinizing Agents</b>                                                                                                                                                                                                                                                                |           |                     |
| <i>potassium citrate er</i>                                                                                                                                                                                                                                                               | 3         |                     |
| <b>Ammonia Detoxicants</b>                                                                                                                                                                                                                                                                |           |                     |
| <i>carglumic acid</i>                                                                                                                                                                                                                                                                     | 5         | PA; NEDS            |
| <i>constulose</i>                                                                                                                                                                                                                                                                         | 2         |                     |
| <i>enulose</i>                                                                                                                                                                                                                                                                            | 2         |                     |
| <i>generlac</i>                                                                                                                                                                                                                                                                           | 2         |                     |
| KRISTALOSE                                                                                                                                                                                                                                                                                | 3         |                     |
| <i>lactulose soln</i>                                                                                                                                                                                                                                                                     | 2         |                     |
| <i>lactulose pack</i>                                                                                                                                                                                                                                                                     | 3         |                     |
| <i>sodium phenylbutyrate powd, tabs</i>                                                                                                                                                                                                                                                   | 5         | NEDS                |
| <b>Caloric Agents</b>                                                                                                                                                                                                                                                                     |           |                     |
| AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML;<br>1527MG/100ML; 1050MG/100ML; 1107MG/100ML;<br>750MG/100ML; 450MG/100ML; 990MG/100ML;<br>1500MG/100ML; 1575MG/100ML; 258MG/100ML;<br>405MG/100ML; 447MG/100ML; 1083MG/100ML;<br>795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML;<br>750MG/100ML | 3         | PA BvD              |

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| Drug Name                                                                                                                                                                                                                                                             | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML  | 3         | PA BvD              |
| CLINIMIX 4.25%/DEXTROSE 10%                                                                                                                                                                                                                                           | 3         | PA BvD              |
| CLINIMIX 4.25%/DEXTROSE 5%                                                                                                                                                                                                                                            | 3         | PA BvD              |
| CLINIMIX 5%/DEXTROSE 15%                                                                                                                                                                                                                                              | 3         | PA BvD              |
| CLINIMIX 5%/DEXTROSE 20%                                                                                                                                                                                                                                              | 3         | PA BvD              |
| CLINIMIX 6/5                                                                                                                                                                                                                                                          | 3         | PA BvD              |
| CLINIMIX 8/10                                                                                                                                                                                                                                                         | 3         | PA BvD              |
| CLINIMIX E 2.75%/DEXTROSE 5%                                                                                                                                                                                                                                          | 3         | PA BvD              |
| CLINIMIX E 4.25%/DEXTROSE 10%                                                                                                                                                                                                                                         | 3         | PA BvD              |
| CLINIMIX E 4.25%/DEXTROSE 5%                                                                                                                                                                                                                                          | 3         | PA BvD              |
| CLINIMIX E 5%/DEXTROSE 15%                                                                                                                                                                                                                                            | 3         | PA BvD              |
| CLINIMIX E 5%/DEXTROSE 20%                                                                                                                                                                                                                                            | 3         | PA BvD              |
| CLINIMIX E 8/10                                                                                                                                                                                                                                                       | 3         | PA BvD              |
| CLINISOL SF 15%                                                                                                                                                                                                                                                       | 3         | PA BvD              |
| <i>dextrose 10%</i>                                                                                                                                                                                                                                                   | 4         |                     |
| <i>dextrose 5%</i>                                                                                                                                                                                                                                                    | 4         |                     |
| <i>dextrose 50%</i>                                                                                                                                                                                                                                                   | 4         |                     |
| <i>dextrose 70%</i>                                                                                                                                                                                                                                                   | 4         |                     |
| FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML | 3         | PA BvD              |
| HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML                         | 3         | PA BvD              |
| INTRALIPID INJ 20GM/100ML, 30GM/100ML                                                                                                                                                                                                                                 | 3         | PA BvD              |
| NUTRILIPID                                                                                                                                                                                                                                                            | 3         | PA BvD              |
| PLENAMINE                                                                                                                                                                                                                                                             | 3         | PA BvD              |

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| Drug Name                                                                                                                                                                                                                                                                                             | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| PREMASOL INJ 52MEQ/L; 1760MG/100ML;<br>880MG/100ML; 34MEQ/L; 1760MG/100ML;<br>372MG/100ML; 406MG/100ML; 526MG/100ML;<br>492MG/100ML; 492MG/100ML; 526MG/100ML;<br>356MG/100ML; 356MG/100ML; 390MG/100ML;<br>34MG/100ML; 152MG/100ML                                                                   | 3         | PA BvD              |
| PROSOL                                                                                                                                                                                                                                                                                                | 3         | PA BvD              |
| TRAVASOL INJ 52MEQ/L; 1760MG/100ML;<br>880MG/100ML; 34MEQ/L; 1760MG/100ML;<br>372MG/100ML; 406MG/100ML; 526MG/100ML;<br>492MG/100ML; 492MG/100ML; 526MG/100ML;<br>356MG/100ML; 500MG/100ML; 356MG/100ML;<br>390MG/100ML; 34MG/100ML; 152MG/100ML                                                      | 3         | PA BvD              |
| TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML;<br>0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML;<br>0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML;<br>1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML;<br>0.68GM/100ML; 0.38GM/100ML; 5MEQ/L;<br>0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML;<br>0.24GM/100ML; 0.78GM/100ML | 3         | PA BvD              |
| <b>Diuretics</b>                                                                                                                                                                                                                                                                                      |           |                     |
| <i>amiloride hcl tabs</i>                                                                                                                                                                                                                                                                             | 2         |                     |
| <i>amiloride/hydrochlorothiazide</i>                                                                                                                                                                                                                                                                  | 2         |                     |
| <i>bumetanide tabs</i>                                                                                                                                                                                                                                                                                | 1         |                     |
| <i>bumetanide inj</i>                                                                                                                                                                                                                                                                                 | 4         |                     |
| <i>chlorthalidone tabs 25mg, 50mg</i>                                                                                                                                                                                                                                                                 | 2         |                     |
| <i>ethacrynic acid tabs</i>                                                                                                                                                                                                                                                                           | 4         |                     |
| <i>furosemide tabs</i>                                                                                                                                                                                                                                                                                | 1         |                     |
| <i>furosemide oral soln</i>                                                                                                                                                                                                                                                                           | 2         |                     |
| <i>furosemide inj</i>                                                                                                                                                                                                                                                                                 | 4         |                     |
| <i>hydrochlorothiazide caps, tabs</i>                                                                                                                                                                                                                                                                 | 1         |                     |
| <i>indapamide</i>                                                                                                                                                                                                                                                                                     | 2         |                     |
| <i>metolazone</i>                                                                                                                                                                                                                                                                                     | 3         |                     |
| <i>toremide tabs</i>                                                                                                                                                                                                                                                                                  | 2         |                     |
| <i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>                                                                                                                                                                                                                                              | 2         |                     |
| <i>triamterene/hydrochlorothiazide tabs</i>                                                                                                                                                                                                                                                           | 2         |                     |
| <i>triamterene caps</i>                                                                                                                                                                                                                                                                               | 4         |                     |
| <b>Ion-removing Agents</b>                                                                                                                                                                                                                                                                            |           |                     |
| AURYXIA                                                                                                                                                                                                                                                                                               | 5         | PA; NEDS            |
| <i>lanthanum carbonate</i>                                                                                                                                                                                                                                                                            | 5         | NEDS                |
| LOKELMA                                                                                                                                                                                                                                                                                               | 3         |                     |
| <i>sevelamer carbonate</i>                                                                                                                                                                                                                                                                            | 4         |                     |
| <i>sodium polystyrene sulfonate powd</i>                                                                                                                                                                                                                                                              | 3         |                     |
| <i>sps</i>                                                                                                                                                                                                                                                                                            | 3         |                     |
| VELPHORO                                                                                                                                                                                                                                                                                              | 5         | NEDS                |

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| Drug Name                                                                                                                                                                               | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| VELTASSA                                                                                                                                                                                | 3         |                     |
| <b>Irrigating Solutions</b>                                                                                                                                                             |           |                     |
| sodium chloride 0.9%                                                                                                                                                                    | 3         |                     |
| <b>Replacement Preparations</b>                                                                                                                                                         |           |                     |
| calcium acetate caps                                                                                                                                                                    | 3         |                     |
| dextrose 10%/nacl 0.45%                                                                                                                                                                 | 4         |                     |
| dextrose 10%/nacl 0.2%                                                                                                                                                                  | 4         |                     |
| dextrose 2.5%/nacl 0.45%                                                                                                                                                                | 4         |                     |
| dextrose 5%/nacl 0.2%                                                                                                                                                                   | 4         |                     |
| dextrose 5%/nacl 0.3%                                                                                                                                                                   | 4         |                     |
| dextrose 5%/nacl 0.33%                                                                                                                                                                  | 4         |                     |
| dextrose 5%/nacl 0.45%                                                                                                                                                                  | 4         |                     |
| dextrose 5%/nacl 0.9%                                                                                                                                                                   | 4         |                     |
| dextrose/sodium chloride                                                                                                                                                                | 4         |                     |
| kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%                                                                                                                                        | 4         |                     |
| kcl 0.15%/d5w/nacl 0.2%                                                                                                                                                                 | 4         |                     |
| kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%                                                                                                                                       | 4         |                     |
| kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%                                                                                                                                         | 4         |                     |
| kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%                                                                                                                                           | 4         |                     |
| kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%                                                                                                                                          | 4         |                     |
| kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%                                                                                                                                            | 4         |                     |
| klor-con                                                                                                                                                                                | 1         |                     |
| klor-con 10                                                                                                                                                                             | 1         |                     |
| klor-con 8                                                                                                                                                                              | 1         |                     |
| klor-con m10                                                                                                                                                                            | 1         |                     |
| klor-con m15                                                                                                                                                                            | 1         |                     |
| klor-con m20                                                                                                                                                                            | 1         |                     |
| potassium chloride er tbc                                                                                                                                                               | 1         |                     |
| potassium chloride er cpcr                                                                                                                                                              | 2         |                     |
| potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9% | 4         |                     |
| potassium chloride pack, oral soln                                                                                                                                                      | 3         |                     |
| potassium chloride inj 10meq/50ml, 20meq/50ml                                                                                                                                           | 1         |                     |
| potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml                                                                                                                   | 4         |                     |
| sodium chloride 0.45%                                                                                                                                                                   | 4         |                     |
| sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%                                                                                                                                    | 4         |                     |
| <b>Uricosuric Agents</b>                                                                                                                                                                |           |                     |
| probenecid/colchicine                                                                                                                                                                   | 2         |                     |
| probenecid tabs                                                                                                                                                                         | 2         |                     |
| <b>Enzymes</b>                                                                                                                                                                          |           |                     |
| <b>Enzymes</b>                                                                                                                                                                          |           |                     |
| REVCovi                                                                                                                                                                                 | 5         | NEDS                |

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| Drug Name                                       | Drug Tier | Requirements/Limits    |
|-------------------------------------------------|-----------|------------------------|
| SUCRAID                                         | 5         | NEDS                   |
| <b>Eye, Ear, Nose &amp; Throat Preparations</b> |           |                        |
| <b>Anti-infectives</b>                          |           |                        |
| AZASITE                                         | 4         |                        |
| <i>bacitracin</i>                               | 2         |                        |
| <i>bacitracin/polymyxin b</i>                   | 2         |                        |
| BESIVANCE                                       | 4         |                        |
| <i>chlorhexidine gluconate</i>                  | 2         |                        |
| <i>ciprofloxacin hydrochloride soln 0.3%</i>    | 2         |                        |
| <i>erythromycin oint 5mg/gm</i>                 | 2         |                        |
| <i>gatifloxacin</i>                             | 3         |                        |
| <i>gentak oint</i>                              | 2         |                        |
| <i>gentamicin sulfate ophthalmic soln 0.3%</i>  | 2         |                        |
| <i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>  | 3         |                        |
| <i>moxifloxacin hydrochloride soln 0.5%</i>     | 4         |                        |
| NATACYN                                         | 4         |                        |
| <i>neo-polycin</i>                              | 3         |                        |
| <i>neomycin/bacitracin/polymyxin</i>            | 3         |                        |
| <i>neomycin/polymyxin/gramicidin</i>            | 3         |                        |
| <i>ofloxacin ophthalmic soln 0.3%</i>           | 2         |                        |
| <i>ofloxacin otic soln 0.3%</i>                 | 3         |                        |
| <i>periogard</i>                                | 2         |                        |
| <i>polycin</i>                                  | 2         |                        |
| <i>polymyxin b sulfate/trimethoprim sulfate</i> | 2         |                        |
| <i>sulfacetamide sodium oint, soln</i>          | 2         |                        |
| <i>tobramycin soln 0.3%</i>                     | 2         |                        |
| <i>trifluridine soln</i>                        | 3         |                        |
| ZIRGAN                                          | 4         |                        |
| <b>Anti-inflammatory Agents</b>                 |           |                        |
| ALREX                                           | 3         |                        |
| BROMSITE                                        | 4         |                        |
| <i>ciprofloxacin/dexamethasone</i>              | 3         |                        |
| <i>cyclosporine emul 0.05%</i>                  | 3         |                        |
| <i>dexamethasone sodium phosphate soln</i>      | 2         |                        |
| <i>diclofenac sodium soln 0.1%</i>              | 2         |                        |
| <i>difluprednate</i>                            | 3         |                        |
| <i>flac</i>                                     | 4         |                        |
| FLAREX                                          | 3         |                        |
| <i>flunisolide soln 0.025%</i>                  | 1         | QL(150 ML per 90 days) |
| <i>fluocinolone acetonide oil 0.01%</i>         | 4         |                        |
| <i>fluorometholone susp</i>                     | 3         |                        |
| <i>flurbiprofen sodium</i>                      | 2         |                        |
| <i>fluticasone propionate susp 50mcg/act</i>    | 2         | QL(48 GM per 90 days)  |
| FML                                             | 3         |                        |
| FML FORTE                                       | 4         |                        |

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| Drug Name                                                 | Drug Tier | Requirements/Limits    |
|-----------------------------------------------------------|-----------|------------------------|
| <i>hydrocortisone/acetic acid</i>                         | 3         |                        |
| ILEVRO                                                    | 3         |                        |
| INVELTYS                                                  | 4         |                        |
| <i>ketorolac tromethamine</i>                             | 3         |                        |
| LOTEMAX OINT                                              | 4         |                        |
| <i>loteprednol etabonate</i>                              | 3         |                        |
| MAXIDEX SUSP                                              | 4         |                        |
| <i>mometasone furoate susp 50mcg/act</i>                  | 4         | QL(102 GM per 90 days) |
| <i>neo-polycin hc</i>                                     | 3         |                        |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i>       | 3         |                        |
| <i>neomycin/polymyxin/dexamethasone</i>                   | 2         |                        |
| <i>neomycin/polymyxin/hc</i>                              | 3         |                        |
| <i>neomycin/polymyxin/hydrocortisone otic susp</i>        | 3         |                        |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>  | 4         |                        |
| PRED MILD                                                 | 3         |                        |
| <i>prednisolone acetate</i>                               | 3         |                        |
| <i>prednisolone sodium phosphate ophthalmic soln 1%</i>   | 2         |                        |
| PROLENSA                                                  | 3         |                        |
| RESTASIS                                                  | 3         |                        |
| RESTASIS MULTIDOSE                                        | 3         |                        |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | 2         |                        |
| TOBRADEX ST                                               | 3         |                        |
| TOBRADEX OINT                                             | 3         |                        |
| <i>tobramycin/dexamethasone</i>                           | 3         |                        |
| ZYLET                                                     | 3         |                        |
| <b>Antiallergic Agents</b>                                |           |                        |
| ALOCRIIL                                                  | 4         |                        |
| ALOMIDE                                                   | 4         |                        |
| <i>azelastine hcl ophthalmic soln</i>                     | 3         |                        |
| <i>azelastine hcl nasal soln 0.15%</i>                    | 3         | QL(120 ML per 90 days) |
| <i>azelastine hydrochloride soln 0.1%</i>                 | 3         | QL(120 ML per 90 days) |
| <i>bepotastine besilate</i>                               | 3         |                        |
| <i>cromolyn sodium soln 4%</i>                            | 2         |                        |
| <i>epinastine hcl</i>                                     | 4         |                        |
| <i>olopatadine hcl soln</i>                               | 3         |                        |
| <i>olopatadine hydrochloride soln 0.2%</i>                | 3         |                        |
| <b>Antiglaucoma Agents</b>                                |           |                        |
| <i>acetazolamide er</i>                                   | 4         |                        |
| <i>acetazolamide tabs</i>                                 | 3         |                        |
| ALPHAGAN P SOLN 0.1%                                      | 3         |                        |
| <i>betaxolol hcl soln 0.5%</i>                            | 3         |                        |
| BETIMOL                                                   | 4         |                        |
| BETOPTIC-S                                                | 3         |                        |
| <i>brimonidine tartrate/timolol maleate</i>               | 3         |                        |
| <i>brimonidine tartrate soln 0.2%</i>                     | 2         |                        |

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| Drug Name                                           | Drug Tier | Requirements/Limits          |
|-----------------------------------------------------|-----------|------------------------------|
| <i>brimonidine tartrate soln 0.15%</i>              | 4         |                              |
| <i>brinzolamide</i>                                 | 3         |                              |
| <i>carteolol hcl</i>                                | 2         |                              |
| <i>dorzolamide hcl/timolol maleate</i>              | 2         |                              |
| <i>dorzolamide hydrochloride/timolol maleate pf</i> | 3         |                              |
| <i>dorzolamide hydrochloride soln</i>               | 2         |                              |
| <i>latanoprost soln</i>                             | 1         |                              |
| <i>levobunolol hcl soln 0.5%</i>                    | 2         |                              |
| LUMIGAN                                             | 3         |                              |
| <i>methazolamide tabs</i>                           | 4         |                              |
| <i>pilocarpine hcl soln 1%, 2%, 4%</i>              | 3         |                              |
| RHOPRESSA                                           | 3         |                              |
| ROCKLATAN                                           | 3         |                              |
| SIMBRINZA                                           | 3         |                              |
| <i>tafluprost</i>                                   | 3         |                              |
| <i>timolol maleate ophthalmic gel forming</i>       | 3         |                              |
| <i>timolol maleate soln 0.25%, 0.5%</i>             | 2         |                              |
| <i>timolol maleate soln 0.25%</i>                   | 3         |                              |
| <i>travoprost</i>                                   | 3         |                              |
| VYZULTA                                             | 3         |                              |
| <b>EENT Drugs, Miscellaneous</b>                    |           |                              |
| <i>acetic acid</i>                                  | 2         |                              |
| <i>apraclonidine</i>                                | 3         |                              |
| CYSTARAN                                            | 3         |                              |
| OXERVATE                                            | 5         | PA; NEDS                     |
| <b>Local Anesthetics</b>                            |           |                              |
| <i>lidocaine hydrochloride viscous</i>              | 2         |                              |
| <i>lidocaine viscous</i>                            | 2         |                              |
| <b>Mydriatics</b>                                   |           |                              |
| <i>atropine sulfate soln 1%</i>                     | 3         |                              |
| <b>Gastrointestinal Drugs</b>                       |           |                              |
| <b>Anti-inflammatory Agents</b>                     |           |                              |
| <i>alosetron hydrochloride</i>                      | 5         | NEDS                         |
| <i>balsalazide disodium</i>                         | 4         |                              |
| <i>mesalamine dr</i>                                | 3         |                              |
| <i>mesalamine er cp24</i>                           | 3         |                              |
| <i>mesalamine er cpcr</i>                           | 4         |                              |
| <i>mesalamine kit</i>                               | 2         |                              |
| <i>mesalamine enem, supp</i>                        | 4         |                              |
| <b>Antidiarrhea Agents</b>                          |           |                              |
| <i>diphenoxylate hydrochloride/atropine sulfate</i> | 4         |                              |
| <i>diphenoxylate/atropine liqd</i>                  | 4         |                              |
| <i>loperamide hcl caps</i>                          | 2         |                              |
| XERMELO                                             | 5         | PA; NEDS; SP-Optum Specialty |
| <b>Antiemetics</b>                                  |           |                              |

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| Drug Name                                                          | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|-----------|---------------------|
| <i>aprepitant caps 0, 40mg, 80mg</i>                               | 3         | PA BvD              |
| <i>aprepitant caps 125mg</i>                                       | 5         | PA BvD; NEDS        |
| <i>dronabinol</i>                                                  | 4         | PA BvD              |
| <i>granisetron hydrochloride tabs</i>                              | 4         | PA BvD              |
| <i>meclizine hcl tabs</i>                                          | 2         |                     |
| <i>ondansetron hcl soln</i>                                        | 4         | PA BvD              |
| <i>ondansetron hcl tabs 24mg</i>                                   | 2         | PA BvD              |
| <i>ondansetron hydrochloride tabs</i>                              | 2         | PA BvD              |
| <i>ondansetron odt</i>                                             | 2         | PA BvD              |
| <i>scopolamine</i>                                                 | 3         |                     |
| <b>Antiulcer Agents and Acid Suppressants</b>                      |           |                     |
| <i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i> | 2         |                     |
| <i>cimetidine tabs</i>                                             | 2         |                     |
| DEXLANSOPRAZOLE                                                    | 3         |                     |
| <i>esomeprazole magnesium cpdr</i>                                 | 3         |                     |
| <i>esomeprazole magnesium pack</i>                                 | 4         |                     |
| <i>famotidine susr</i>                                             | 4         |                     |
| <i>famotidine tabs 20mg, 40mg</i>                                  | 2         |                     |
| <i>lansoprazole/amoxicillin/clarithromycin thpk</i>                | 3         |                     |
| <i>lansoprazole cpdr</i>                                           | 2         |                     |
| <i>misoprostol tabs</i>                                            | 3         |                     |
| <i>omeprazole dr cpdr 10mg</i>                                     | 2         |                     |
| <i>omeprazole cpdr 20mg, 40mg</i>                                  | 2         |                     |
| <i>pantoprazole sodium dr tbec 20mg</i>                            | 1         |                     |
| <i>pantoprazole sodium tbec</i>                                    | 1         |                     |
| <i>pantoprazole sodium pack</i>                                    | 4         |                     |
| PYLERA                                                             | 3         |                     |
| <i>rabeprazole sodium</i>                                          | 3         |                     |
| <i>sucrafate tabs</i>                                              | 2         |                     |
| <i>sucrafate susp</i>                                              | 3         |                     |
| <b>Cathartics and Laxatives</b>                                    |           |                     |
| CLENPIQ                                                            | 3         |                     |
| <i>gavilyte-c</i>                                                  | 2         |                     |
| <i>gavilyte-g</i>                                                  | 2         |                     |
| <i>gavilyte-n/flavor pack</i>                                      | 2         |                     |
| OSMOPREP                                                           | 4         |                     |
| <i>peg-3350/electrolytes</i>                                       | 2         |                     |
| <i>peg-3350/electrolytes/ascorbate</i>                             | 3         |                     |
| <i>peg-3350/nacl/na bicarbonate/kcl</i>                            | 2         |                     |
| <i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i> | 3         |                     |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>          | 3         |                     |
| <b>Cholelitholytic Agents</b>                                      |           |                     |
| <i>ursodiol caps 300mg</i>                                         | 3         |                     |
| <i>ursodiol caps 200mg</i>                                         | 4         |                     |
| <i>ursodiol tabs</i>                                               | 4         |                     |

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| Drug Name                                                                                                                                                                                                                                          | Drug Tier | Requirements/Limits                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Digestants</b>                                                                                                                                                                                                                                  |           |                                                      |
| CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT                                                                     | 3         |                                                      |
| ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT | 3         |                                                      |
| <b>GI Drugs, Miscellaneous</b>                                                                                                                                                                                                                     |           |                                                      |
| BYLVAY                                                                                                                                                                                                                                             | 5         | PA; NEDS; SP-Optum Specialty                         |
| BYLVAY (PELLETS)                                                                                                                                                                                                                                   | 5         | PA; NEDS; SP-Optum Specialty                         |
| CHOLBAM                                                                                                                                                                                                                                            | 5         | PA; NEDS                                             |
| GATTEX                                                                                                                                                                                                                                             | 5         | PA; NEDS                                             |
| LINZESS                                                                                                                                                                                                                                            | 3         |                                                      |
| LIVMARLI                                                                                                                                                                                                                                           | 5         | PA; NEDS                                             |
| lubiprostone                                                                                                                                                                                                                                       | 3         |                                                      |
| MOVANTIK                                                                                                                                                                                                                                           | 3         |                                                      |
| RELISTOR                                                                                                                                                                                                                                           | 5         | NEDS                                                 |
| SKYRIZI INJ 180MG/1.2ML                                                                                                                                                                                                                            | 5         | QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 360MG/2.4ML                                                                                                                                                                                                                            | 5         | QL(2.4 ML per 28 days); PA; NEDS                     |
| <b>Prokinetic Agents</b>                                                                                                                                                                                                                           |           |                                                      |
| metoclopramide hcl inj, oral soln                                                                                                                                                                                                                  | 2         |                                                      |
| metoclopramide hcl tabs 5mg                                                                                                                                                                                                                        | 1         |                                                      |
| metoclopramide hydrochloride tabs 10mg                                                                                                                                                                                                             | 1         |                                                      |
| <b>Gold Compounds</b>                                                                                                                                                                                                                              |           |                                                      |
| <b>Gold Compounds</b>                                                                                                                                                                                                                              |           |                                                      |
| RIDAURA                                                                                                                                                                                                                                            | 5         | NEDS                                                 |
| <b>Heavy Metal Antagonists</b>                                                                                                                                                                                                                     |           |                                                      |
| <b>Heavy Metal Antagonists</b>                                                                                                                                                                                                                     |           |                                                      |
| CHEMET                                                                                                                                                                                                                                             | 4         |                                                      |
| deferasirox pack                                                                                                                                                                                                                                   | 5         | NEDS; SP-Optum Specialty                             |
| deferasirox tabs 90mg                                                                                                                                                                                                                              | 3         | SP-Optum Specialty                                   |
| deferasirox tabs 180mg, 360mg                                                                                                                                                                                                                      | 5         | NEDS; SP-Optum Specialty                             |
| deferasirox tbso 125mg                                                                                                                                                                                                                             | 3         | SP-Optum Specialty                                   |
| deferasirox tbso 250mg, 500mg                                                                                                                                                                                                                      | 5         | NEDS; SP-Optum Specialty                             |
| deferiprone                                                                                                                                                                                                                                        | 5         | NEDS                                                 |
| penicillamine tabs                                                                                                                                                                                                                                 | 3         |                                                      |
| penicillamine caps                                                                                                                                                                                                                                 | 5         | NEDS                                                 |
| trientine hydrochloride                                                                                                                                                                                                                            | 5         | NEDS                                                 |
| <b>Hormones and Synthetic Substitutes</b>                                                                                                                                                                                                          |           |                                                      |
| <b>Adrenals</b>                                                                                                                                                                                                                                    |           |                                                      |

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| Drug Name                                                                  | Drug Tier | Requirements/Limits         |
|----------------------------------------------------------------------------|-----------|-----------------------------|
| BREO ELLIPTA                                                               | 3         | QL(180 EA per 90 days)      |
| BREYNA                                                                     | 3         | QL(30.9 GM per 90 days)     |
| BREZTRI AEROSPHERE                                                         | 3         | QL(32.1 GM per 90 days)     |
| <i>budesonide er</i>                                                       | 5         | NEDS                        |
| <i>budesonide/formoterol fumarate dihydrate</i>                            | 3         | QL(30.6 GM per 90 days)     |
| <i>budesonide cpep 3mg</i>                                                 | 4         |                             |
| <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>                      | 4         | PA BvD                      |
| <i>dexamethasone elix</i>                                                  | 2         |                             |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>         | 2         |                             |
| FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST                              | 4         | QL(180 EA per 90 days); ST  |
| FLOVENT DISKUS AEPB 250MCG/BLIST                                           | 4         | QL(720 EA per 90 days); ST  |
| <i>fludrocortisone acetate tabs</i>                                        | 2         |                             |
| <i>fluticasone propionate hfa aero 44mcg/act</i>                           | 4         | QL(63.6 GM per 90 days); ST |
| <i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>              | 4         | QL(72 GM per 90 days); ST   |
| <i>hydrocortisone tabs 10mg, 20mg, 5mg</i>                                 | 3         |                             |
| INTRAROSA                                                                  | 4         |                             |
| MEDROL TABS 2MG                                                            | 4         |                             |
| <i>methylprednisolone dose pack tbpk</i>                                   | 2         |                             |
| <i>methylprednisolone tabs</i>                                             | 2         |                             |
| MILLIPRED TABS                                                             | 4         |                             |
| <i>prednisolone sodium phosphate odt</i>                                   | 4         |                             |
| <i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i> | 2         |                             |
| <i>prednisolone soln, tabs</i>                                             | 2         |                             |
| <i>prednisone tbpk</i>                                                     | 1         |                             |
| <i>prednisone soln</i>                                                     | 2         |                             |
| <i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>                   | 1         |                             |
| QVAR REDHALER                                                              | 3         | QL(63.6 GM per 90 days)     |
| TRELEGY ELLIPTA                                                            | 3         | QL(180 EA per 90 days)      |
| <b>Androgens</b>                                                           |           |                             |
| AVEED                                                                      | 4         |                             |
| <i>danazol caps</i>                                                        | 4         |                             |
| <i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>                       | 2         |                             |
| <i>testosterone enanthate inj</i>                                          | 3         |                             |
| <i>testosterone pump gel 1%</i>                                            | 3         |                             |
| <i>testosterone pump gel 1.62%</i>                                         | 4         |                             |
| <i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>                               | 3         |                             |
| <i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>                       | 4         |                             |
| XYOSTED                                                                    | 4         |                             |
| <b>Antidiabetic Agents</b>                                                 |           |                             |
| <i>acarbose tabs</i>                                                       | 1         |                             |
| BYDUREON BCISE                                                             | 3         | PA                          |
| BYETTA                                                                     | 4         | PA                          |
| CYCLOSET                                                                   | 3         |                             |

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| Drug Name                                                | Drug Tier | Requirements/Limits              |
|----------------------------------------------------------|-----------|----------------------------------|
| FARXIGA                                                  | 3         |                                  |
| <i>glimepiride</i>                                       | 1         |                                  |
| <i>glipizide er</i>                                      | 1         |                                  |
| <i>glipizide/metformin hydrochloride</i>                 | 1         |                                  |
| <i>glipizide tabs</i>                                    | 1         |                                  |
| <i>glyburide micronized</i>                              | 1         |                                  |
| <i>glyburide/metformin hydrochloride</i>                 | 1         |                                  |
| <i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>                 | 1         |                                  |
| GLYXAMBI                                                 | 3         |                                  |
| HUMALOG                                                  | 3         |                                  |
| HUMALOG JUNIOR KWIKPEN                                   | 3         |                                  |
| HUMALOG KWIKPEN                                          | 3         |                                  |
| HUMALOG MIX 50/50                                        | 3         |                                  |
| HUMALOG MIX 50/50 KWIKPEN                                | 3         |                                  |
| HUMALOG MIX 75/25                                        | 3         |                                  |
| HUMALOG MIX 75/25 KWIKPEN                                | 3         |                                  |
| HUMULIN 70/30                                            | 3         |                                  |
| HUMULIN 70/30 KWIKPEN                                    | 3         |                                  |
| HUMULIN N                                                | 3         |                                  |
| HUMULIN N KWIKPEN                                        | 3         |                                  |
| HUMULIN R                                                | 3         |                                  |
| HUMULIN R U-500 (CONCENTRATED)                           | 3         |                                  |
| HUMULIN R U-500 KWIKPEN                                  | 3         |                                  |
| JANUMET                                                  | 3         |                                  |
| JANUMET XR                                               | 3         |                                  |
| JANUVIA                                                  | 3         |                                  |
| JARDIANCE                                                | 3         |                                  |
| JENTADUETO                                               | 3         |                                  |
| JENTADUETO XR                                            | 3         |                                  |
| KORLYM                                                   | 5         | QL(120 EA per 30 days); PA; NEDS |
| LANTUS                                                   | 3         |                                  |
| LANTUS SOLOSTAR                                          | 3         |                                  |
| LEVEMIR                                                  | 3         |                                  |
| LEVEMIR FLEXPEN                                          | 3         |                                  |
| LEVEMIR FLEXTOUCH                                        | 3         |                                  |
| <i>metformin hydrochloride er tb24 500mg, 750mg</i>      | 1         |                                  |
| <i>metformin hydrochloride soln</i>                      | 1         |                                  |
| <i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i> | 1         |                                  |
| <i>miglitol</i>                                          | 1         |                                  |
| MOUNJARO                                                 | 3         | PA                               |
| <i>nateglinide</i>                                       | 1         |                                  |
| OZEMPIC                                                  | 3         | PA                               |
| <i>pioglitazone hcl-glimepiride</i>                      | 2         |                                  |
| <i>pioglitazone hcl/metformin hcl</i>                    | 1         |                                  |
| <i>pioglitazone hcl tabs 45mg</i>                        | 1         |                                  |

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|--------------------------------------------------------|-----------|---------------------|
| <i>pioglitazone hydrochloride tabs 15mg, 30mg</i>      | 1         |                     |
| <i>repaglinide</i>                                     | 1         |                     |
| RYBELSUS                                               | 3         | PA                  |
| SYMLINPEN 120                                          | 3         |                     |
| SYMLINPEN 60                                           | 3         |                     |
| SYNJARDY                                               | 3         |                     |
| SYNJARDY XR                                            | 3         |                     |
| TOUJEO MAX SOLOSTAR                                    | 3         |                     |
| TOUJEO SOLOSTAR                                        | 3         |                     |
| TRADJENTA                                              | 3         |                     |
| TRESIBA                                                | 3         |                     |
| TRESIBA FLEXTOUCH                                      | 3         |                     |
| TRULICITY                                              | 3         | PA                  |
| VICTOZA                                                | 3         | PA                  |
| XIGDUO XR                                              | 3         |                     |
| <b>Antihypoglycemic Agents</b>                         |           |                     |
| BAQSIMI ONE PACK                                       | 3         |                     |
| BAQSIMI TWO PACK                                       | 3         |                     |
| <i>diazoxide susp</i>                                  | 4         |                     |
| GLUCAGEN HYPOKIT                                       | 3         |                     |
| GLUCAGON EMERGENCY KIT                                 | 3         |                     |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG     | 3         |                     |
| GVOKE HYPOPEN 1-PACK                                   | 3         |                     |
| GVOKE HYPOPEN 2-PACK                                   | 3         |                     |
| GVOKE KIT                                              | 3         |                     |
| GVOKE PFS                                              | 3         |                     |
| <b>Contraceptives</b>                                  |           |                     |
| <i>amethia</i>                                         | 4         |                     |
| <i>apri</i>                                            | 4         |                     |
| <i>ashlyna</i>                                         | 4         |                     |
| <i>aviane</i>                                          | 4         |                     |
| <i>balziva</i>                                         | 4         |                     |
| <i>briellyn</i>                                        | 4         |                     |
| <i>camila</i>                                          | 3         |                     |
| <i>deblitane</i>                                       | 3         |                     |
| <i>desogestrel/ethinyl estradiol tabs 0; 0</i>         | 4         |                     |
| <i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i> | 4         |                     |
| <i>eluryng</i>                                         | 3         |                     |
| <i>errin</i>                                           | 3         |                     |
| <i>etonogestrel/ethinyl estradiol</i>                  | 3         |                     |
| <i>falmina</i>                                         | 4         |                     |
| <i>finzala</i>                                         | 4         |                     |
| <i>haloette</i>                                        | 3         |                     |
| <i>iclevia</i>                                         | 4         |                     |

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| Drug Name                                                                         | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------|-----------|---------------------|
| <i>introvale</i>                                                                  | 4         |                     |
| <i>junel 1.5/30</i>                                                               | 4         |                     |
| <i>junel 1/20</i>                                                                 | 4         |                     |
| <i>junel fe 1.5/30</i>                                                            | 4         |                     |
| <i>junel fe 1/20</i>                                                              | 4         |                     |
| <i>junel fe 24</i>                                                                | 4         |                     |
| <i>kariva</i>                                                                     | 4         |                     |
| <i>kelnor 1/35</i>                                                                | 4         |                     |
| <i>larin 1.5/30</i>                                                               | 4         |                     |
| <i>larin 1/20</i>                                                                 | 4         |                     |
| <i>larin fe 1.5/30</i>                                                            | 4         |                     |
| <i>larin fe 1/20</i>                                                              | 4         |                     |
| <i>lessina</i>                                                                    | 4         |                     |
| <i>levonest</i>                                                                   | 4         |                     |
| <i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>                     | 4         |                     |
| <i>levonorgestrel/ethinyl estradiol</i>                                           | 4         |                     |
| <i>levora 0.15/30-28</i>                                                          | 4         |                     |
| LO LOESTRIN FE                                                                    | 4         |                     |
| <i>marlissa</i>                                                                   | 4         |                     |
| <i>mibelas 24 fe</i>                                                              | 4         |                     |
| <i>microgestin 1.5/30</i>                                                         | 4         |                     |
| <i>microgestin 1/20</i>                                                           | 4         |                     |
| <i>microgestin fe 1.5/30</i>                                                      | 4         |                     |
| <i>microgestin fe 1/20</i>                                                        | 4         |                     |
| <i>necon 0.5/35-28</i>                                                            | 4         |                     |
| <i>nikki</i>                                                                      | 4         |                     |
| <i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>                     | 4         |                     |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i> | 4         |                     |
| <i>nortrel 0.5/35 (28)</i>                                                        | 4         |                     |
| <i>nortrel 1/35</i>                                                               | 4         |                     |
| <i>nortrel 7/7/7</i>                                                              | 4         |                     |
| <i>portia-28</i>                                                                  | 4         |                     |
| <i>sharobel</i>                                                                   | 3         |                     |
| <i>tarina fe 1/20 eq</i>                                                          | 4         |                     |
| <i>tri-sprintec</i>                                                               | 4         |                     |
| <i>trivora-28</i>                                                                 | 4         |                     |
| <i>tyblume</i>                                                                    | 4         |                     |
| <i>velivet</i>                                                                    | 4         |                     |
| <i>vyfemla</i>                                                                    | 4         |                     |
| <i>zovia 1/35</i>                                                                 | 4         |                     |
| <b>Estrogens and Antiestrogens</b>                                                |           |                     |
| <i>anastrozole</i>                                                                | 1         |                     |
| COMBIPATCH                                                                        | 4         |                     |
| DEPO-ESTRADIOL                                                                    | 3         |                     |

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| Drug Name                                            | Drug Tier | Requirements/Limits              |
|------------------------------------------------------|-----------|----------------------------------|
| <i>dotti</i>                                         | 3         |                                  |
| ELESTRIN                                             | 4         |                                  |
| <i>estradiol valerate</i>                            | 4         |                                  |
| <i>estradiol oral tabs</i>                           | 1         |                                  |
| <i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i> | 3         |                                  |
| ESTRING                                              | 3         |                                  |
| EVAMIST                                              | 4         |                                  |
| <i>exemestane</i>                                    | 4         |                                  |
| FEMRING                                              | 3         |                                  |
| <i>fyavolv</i>                                       | 3         |                                  |
| IMVEXXY MAINTENANCE PACK                             | 3         |                                  |
| IMVEXXY STARTER PACK                                 | 3         |                                  |
| <i>jinteli</i>                                       | 4         |                                  |
| KISQALI FEMARA 200 DOSE                              | 5         | PA NSO; NEDS; SP-Optum Specialty |
| KISQALI FEMARA 400 DOSE                              | 5         | PA NSO; NEDS; SP-Optum Specialty |
| KISQALI FEMARA 600 DOSE                              | 5         | PA NSO; NEDS; SP-Optum Specialty |
| <i>letrozole</i>                                     | 2         |                                  |
| MENEST                                               | 4         |                                  |
| MENOSTAR                                             | 4         |                                  |
| <i>norethindrone acetate/ethinyl estradiol</i>       | 4         |                                  |
| OSPHENA                                              | 4         |                                  |
| PREMARIN CREA                                        | 3         |                                  |
| PREMARIN TABS                                        | 4         |                                  |
| PREMPHASE                                            | 4         |                                  |
| PREMPRO                                              | 4         |                                  |
| <i>raloxifene hydrochloride</i>                      | 3         |                                  |
| SOLTAMOX                                             | 3         |                                  |
| <i>tamoxifen citrate</i>                             | 2         |                                  |
| <i>toremifene citrate</i>                            | 3         |                                  |
| <i>yuvaferm</i>                                      | 3         |                                  |
| <b>Gonadotropins and Antigonadotropins</b>           |           |                                  |
| ELIGARD                                              | 3         |                                  |
| FIRMAGON INJ 80MG                                    | 3         |                                  |
| FIRMAGON INJ 120MG/VIAL                              | 5         | NEDS                             |
| <i>leuprolide acetate inj 1mg/0.2ml</i>              | 4         | SP-Optum Specialty               |
| LUPRON DEPOT (1-MONTH)                               | 5         | NEDS                             |
| LUPRON DEPOT (3-MONTH)                               | 5         | NEDS                             |
| LUPRON DEPOT (4-MONTH)                               | 5         | NEDS                             |
| LUPRON DEPOT (6-MONTH)                               | 5         | NEDS                             |
| MYFEMBREE                                            | 5         | QL(28 EA per 28 days); PA; NEDS  |
| ORGOVYX                                              | 5         | PA NSO; NEDS                     |
| ORILISSA TABS 150MG                                  | 5         | QL(30 EA per 30 days); PA; NEDS  |

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| Drug Name                                                                           | Drug Tier | Requirements/Limits             |
|-------------------------------------------------------------------------------------|-----------|---------------------------------|
| ORILISSA TABS 200MG                                                                 | 5         | QL(60 EA per 30 days); PA; NEDS |
| SYNAREL                                                                             | 5         | NEDS                            |
| TRELSTAR MIXJECT                                                                    | 4         |                                 |
| <b>Parathyroid and Antiparathyroid Agents</b>                                       |           |                                 |
| <i>calcitonin salmon inj</i>                                                        | 3         |                                 |
| <i>calcitonin-salmon soln</i>                                                       | 3         |                                 |
| <i>cinacalcet hydrochloride tabs 30mg, 60mg</i>                                     | 4         |                                 |
| <i>cinacalcet hydrochloride tabs 90mg</i>                                           | 5         | NEDS                            |
| FORTEO INJ 600MCG/2.4ML                                                             | 5         | PA; NEDS                        |
| NATPARA                                                                             | 5         | QL(2 EA per 28 days); PA; NEDS  |
| <i>teriparatide</i>                                                                 | 5         | PA; NEDS                        |
| TYMLOS                                                                              | 5         | PA; NEDS                        |
| <b>Pituitary</b>                                                                    |           |                                 |
| CORTROPHIN                                                                          | 5         | PA; NEDS; SP-Optum Specialty    |
| <i>desmopressin acetate tabs</i>                                                    | 3         |                                 |
| <i>desmopressin acetate soln 0.01%</i>                                              | 4         |                                 |
| <b>Progestins</b>                                                                   |           |                                 |
| DEPO-SUBQ PROVERA 104                                                               | 3         |                                 |
| <i>medroxyprogesterone acetate tabs</i>                                             | 2         |                                 |
| <i>medroxyprogesterone acetate inj</i>                                              | 4         |                                 |
| <i>megestrol acetate tabs</i>                                                       | 3         |                                 |
| <i>megestrol acetate susp 40mg/ml</i>                                               | 3         |                                 |
| <i>megestrol acetate susp 625mg/5ml</i>                                             | 4         |                                 |
| <i>norethindrone acetate tabs</i>                                                   | 2         |                                 |
| <i>progesterone caps</i>                                                            | 2         |                                 |
| <b>Somatostatin Agonists and Antagonists</b>                                        |           |                                 |
| <i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>                        | 4         | SP-Optum Specialty              |
| <i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>                                 | 5         | NEDS; SP-Optum Specialty        |
| SIGNIFOR                                                                            | 5         | QL(60 ML per 30 days); PA; NEDS |
| <b>Somatotropin Agonists and Antagonists</b>                                        |           |                                 |
| EGRIFTA SV                                                                          | 5         | PA; NEDS; SP-Optum Specialty    |
| GENOTROPIN                                                                          | 5         | PA; NEDS; SP-Optum Specialty    |
| GENOTROPIN MINISQUICK INJ 0.2MG                                                     | 3         | PA; SP-Optum Specialty          |
| GENOTROPIN MINISQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 5         | PA; NEDS; SP-Optum Specialty    |
| INCRELEX                                                                            | 5         | PA; NEDS; SP-Optum Specialty    |
| NORDITROPIN FLEXPRO                                                                 | 5         | PA; NEDS; SP-Optum Specialty    |
| NUTROPIN AQ NUSPIN 10                                                               | 5         | PA; NEDS; SP-Optum Specialty    |
| NUTROPIN AQ NUSPIN 20                                                               | 5         | PA; NEDS; SP-Optum Specialty    |
| NUTROPIN AQ NUSPIN 5                                                                | 5         | PA; NEDS; SP-Optum Specialty    |
| OMNITROPE INJ 5.8MG                                                                 | 5         | PA; NEDS                        |
| OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML                                                 | 5         | PA; NEDS; SP-Optum Specialty    |
| SEROSTIM INJ 4MG, 5MG, 6MG                                                          | 5         | PA; NEDS; SP-Optum Specialty    |
| SOMAVERT                                                                            | 5         | PA; NEDS; SP-Optum Specialty    |
| ZORBTIVE                                                                            | 5         | PA; NEDS; SP-Optum Specialty    |

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| Drug Name                                                                                        | Drug Tier | Requirements/Limits            |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>Thyroid and Antithyroid Agents</b>                                                            |           |                                |
| ARMOUR THYROID                                                                                   | 4         |                                |
| euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg | 1         |                                |
| levo-t                                                                                           | 3         |                                |
| levothyroxine sodium tabs                                                                        | 1         |                                |
| levothyroxine sodium caps                                                                        | 3         |                                |
| levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg  | 3         |                                |
| liothyronine sodium tabs                                                                         | 2         |                                |
| methimazole tabs 10mg, 5mg                                                                       | 2         |                                |
| niva thyroid                                                                                     | 4         |                                |
| np thyroid 120                                                                                   | 2         |                                |
| np thyroid 15                                                                                    | 2         |                                |
| np thyroid 30                                                                                    | 2         |                                |
| np thyroid 60                                                                                    | 2         |                                |
| np thyroid 90                                                                                    | 2         |                                |
| propylthiouracil tabs                                                                            | 2         |                                |
| SYNTHROID TABS                                                                                   | 4         |                                |
| THYQUIDITY                                                                                       | 4         |                                |
| THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG                                                       | 4         |                                |
| TIROSINT-SOL                                                                                     | 4         |                                |
| unithroid                                                                                        | 3         |                                |
| <b>Miscellaneous Therapeutic Agents</b>                                                          |           |                                |
| <b>5-alpha-Reductase Inhibitors</b>                                                              |           |                                |
| dutasteride/tamsulosin hydrochloride                                                             | 3         |                                |
| dutasteride caps                                                                                 | 1         |                                |
| finasteride tabs                                                                                 | 1         |                                |
| <b>Alcohol Deterrents</b>                                                                        |           |                                |
| disulfiram tabs                                                                                  | 3         |                                |
| <b>Antidotes</b>                                                                                 |           |                                |
| acetylcysteine soln                                                                              | 2         | PA BvD                         |
| leucovorin calcium tabs 10mg, 15mg, 5mg                                                          | 3         |                                |
| leucovorin calcium tabs 25mg                                                                     | 4         |                                |
| <b>Antigout Agents</b>                                                                           |           |                                |
| allopurinol tabs 100mg, 300mg                                                                    | 1         |                                |
| colchicine caps, tabs                                                                            | 3         |                                |
| febuxostat                                                                                       | 3         | ST                             |
| GLOPERBA                                                                                         | 4         |                                |
| <b>Antisense Oligonucleotides</b>                                                                |           |                                |
| TEGSEDI                                                                                          | 5         | QL(6 ML per 30 days); PA; NEDS |
| <b>Bone Anabolic Agents</b>                                                                      |           |                                |
| EVENITY                                                                                          | 5         | PA; NEDS                       |
| <b>Bone Resorption Inhibitors</b>                                                                |           |                                |
| alendronate sodium soln                                                                          | 4         |                                |

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|----------------------------------------------------------------|-----------|-------------------------------------------------------|
| <i>alendronate sodium tabs 10mg, 35mg, 70mg</i>                | 1         |                                                       |
| <i>ibandronate sodium tabs</i>                                 | 2         |                                                       |
| PROLIA                                                         | 4         | PA                                                    |
| <i>risedronate sodium</i>                                      | 3         |                                                       |
| <i>risedronate sodium dr</i>                                   | 3         |                                                       |
| XGEVA                                                          | 5         | PA; NEDS                                              |
| <b>Carbonic Anhydrase Inhibitors</b>                           |           |                                                       |
| <i>dichlorphenamide</i>                                        | 5         | PA; NEDS                                              |
| <b>Disease-modifying Antirheumatic Drugs</b>                   |           |                                                       |
| COSENTYX                                                       | 5         | PA; NEDS; SP-Optum Specialty                          |
| COSENTYX SENSOREADY PEN                                        | 5         | PA; NEDS; SP-Optum Specialty                          |
| COSENTYX UNOREADY                                              | 5         | PA; NEDS                                              |
| ENBREL MINI                                                    | 5         | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty    |
| ENBREL SURECLICK                                               | 5         | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty    |
| ENBREL INJ 25MG                                                | 5         | QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty    |
| ENBREL INJ 50MG/ML                                             | 5         | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty    |
| ENBREL INJ 25MG/0.5ML                                          | 5         | QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML | 5         | PA; NEDS; SP-Optum Specialty                          |
| HUMIRA PEN-CD/UC/HS STARTER                                    | 5         | PA; NEDS; SP-Optum Specialty                          |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK                           | 5         | PA; NEDS; SP-Optum Specialty                          |
| HUMIRA PEN-PS/UV STARTER                                       | 5         | PA; NEDS; SP-Optum Specialty                          |
| HUMIRA PEN INJ 80MG/0.8ML                                      | 5         | QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty    |
| HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML                          | 5         | QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty    |
| HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML      | 5         | QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty    |
| KINERET                                                        | 5         | QL(20.1 ML per 28 days); PA; NEDS                     |
| <i>leflunomide tabs</i>                                        | 2         |                                                       |
| ORENCIA CLICKJECT                                              | 5         | QL(4 ML per 28 days); PA; NEDS                        |
| ORENCIA INJ 50MG/0.4ML                                         | 5         | QL(1.6 ML per 28 days); PA; NEDS                      |
| ORENCIA INJ 87.5MG/0.7ML                                       | 5         | QL(2.8 ML per 28 days); PA; NEDS                      |
| ORENCIA INJ 125MG/ML                                           | 5         | QL(4 ML per 28 days); PA; NEDS                        |
| OTEZLA TBPk                                                    | 5         | QL(110 EA per 365 days); PA; NEDS                     |
| OTEZLA TABS                                                    | 5         | QL(60 EA per 30 days); PA; NEDS                       |

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| Drug Name                                                                                                                        | Drug Tier | Requirements/Limits                                  |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML | 4         |                                                      |
| RINVOQ                                                                                                                           | 5         | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| XELJANZ XR                                                                                                                       | 5         | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| XELJANZ SOLN                                                                                                                     | 5         | QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| XELJANZ TABS                                                                                                                     | 5         | QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| <b>Immunomodulatory Agents</b>                                                                                                   |           |                                                      |
| ACTIMMUNE                                                                                                                        | 5         | NEDS; SP-Optum Specialty                             |
| AUBAGIO                                                                                                                          | 5         | NEDS; SP-Optum Specialty                             |
| AVONEX PEN                                                                                                                       | 5         | NEDS; SP-Optum Specialty                             |
| AVONEX INJ 30MCG/0.5ML                                                                                                           | 5         | NEDS; SP-Optum Specialty                             |
| BAFIERTAM                                                                                                                        | 5         | NEDS; SP-Optum Specialty                             |
| BETASERON                                                                                                                        | 5         | NEDS; SP-Optum Specialty                             |
| COPAXONE                                                                                                                         | 5         | NEDS; SP-Optum Specialty                             |
| <i>dimethyl fumarate starterpack</i>                                                                                             | 5         | NEDS; SP-Optum Specialty                             |
| <i>dimethyl fumarate cpdr</i>                                                                                                    | 5         | NEDS; SP-Optum Specialty                             |
| EXTAVIA                                                                                                                          | 5         | NEDS; SP-Optum Specialty                             |
| <i>fingolimod</i>                                                                                                                | 5         | NEDS                                                 |
| KESIMPTA                                                                                                                         | 5         | PA; NEDS; SP-Optum Specialty                         |
| MAYZENT                                                                                                                          | 5         | NEDS; SP-Optum Specialty                             |
| MAYZENT STARTER PACK TBPk 0.25MG                                                                                                 | 4         | SP-Optum Specialty                                   |
| MAYZENT STARTER PACK TBPk 0.25MG                                                                                                 | 5         | NEDS; SP-Optum Specialty                             |
| PLEGRIDY                                                                                                                         | 5         | NEDS; SP-Optum Specialty                             |
| PLEGRIDY STARTER PACK                                                                                                            | 5         | NEDS; SP-Optum Specialty                             |
| REBIF                                                                                                                            | 5         | NEDS; SP-Optum Specialty                             |
| REBIF REBIDOSE                                                                                                                   | 5         | NEDS; SP-Optum Specialty                             |
| REBIF REBIDOSE TITRATION PACK                                                                                                    | 5         | NEDS; SP-Optum Specialty                             |
| REBIF TITRATION PACK                                                                                                             | 5         | NEDS; SP-Optum Specialty                             |
| <i>teriflunomide</i>                                                                                                             | 4         |                                                      |
| THALOMID                                                                                                                         | 5         | NEDS; SP-Optum Specialty                             |
| VUMERITY                                                                                                                         | 5         | NEDS; SP-Optum Specialty                             |
| <b>Immunosuppressive Agents</b>                                                                                                  |           |                                                      |
| <i>azathioprine tabs 50mg</i>                                                                                                    | 2         | PA BvD                                               |
| <i>azathioprine tabs 100mg, 75mg</i>                                                                                             | 3         | PA BvD                                               |
| BENLYSTA INJ 200MG/ML                                                                                                            | 5         | PA; NEDS; SP-Optum Specialty                         |
| <i>cyclosporine modified</i>                                                                                                     | 3         | PA BvD                                               |
| <i>cyclosporine caps 100mg, 25mg</i>                                                                                             | 3         | PA BvD                                               |
| ENVARUS XR                                                                                                                       | 4         | PA BvD                                               |

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|------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>    | 5         | QL(60 EA per 30 days); PA BvD; NEDS                 |
| GENGRAF SOLN                                         | 3         | PA BvD                                              |
| GENGRAF CAPS 100MG, 25MG                             | 3         | PA BvD                                              |
| <i>mycophenolate mofetil caps, tabs</i>              | 3         | PA BvD                                              |
| <i>mycophenolate mofetil susr</i>                    | 5         | PA BvD; NEDS                                        |
| <i>mycophenolic acid dr</i>                          | 4         | PA BvD                                              |
| PROGRAF PACK                                         | 4         | PA BvD                                              |
| <i>sirolimus tabs</i>                                | 4         | PA BvD                                              |
| <i>sirolimus soln</i>                                | 5         | PA BvD; NEDS                                        |
| <i>tacrolimus caps 0.5mg, 1mg, 5mg</i>               | 3         | PA BvD                                              |
| <b><i>Kallikrein-Kinin System Inhibitors</i></b>     |           |                                                     |
| BERINERT                                             | 5         | PA; NEDS                                            |
| CINRYZE                                              | 5         | PA; NEDS                                            |
| HAEGARDA                                             | 5         | PA; NEDS; SP-Optum Specialty                        |
| <i>icatibant acetate</i>                             | 5         | QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| SAJAZIR                                              | 5         | QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| TAVNEOS                                              | 5         | PA; NEDS                                            |
| <b><i>Other Miscellaneous Therapeutic Agents</i></b> |           |                                                     |
| ARCALYST                                             | 5         | PA; NEDS                                            |
| <i>betaine anhydrous</i>                             | 5         | NEDS                                                |
| CERDELGA                                             | 5         | PA; NEDS; SP-Optum Specialty                        |
| CYSTAGON                                             | 4         |                                                     |
| <i>dalfampridine er</i>                              | 3         | SP-Optum Specialty                                  |
| ELMIRON                                              | 4         |                                                     |
| ENDARI                                               | 5         | NEDS                                                |
| EVRYSDI                                              | 5         | PA; NEDS                                            |
| FIRDAPSE                                             | 5         | PA; NEDS                                            |
| GALAFOLD                                             | 5         | PA; NEDS                                            |
| <i>levocarnitine tabs</i>                            | 3         |                                                     |
| <i>metyrosine</i>                                    | 5         | NEDS                                                |
| <i>miglustat</i>                                     | 5         | PA; NEDS; SP-Optum Specialty                        |
| <i>nitisinone caps 20mg</i>                          | 5         | PA; NEDS                                            |
| <i>nitisinone caps 10mg, 2mg, 5mg</i>                | 5         | PA; NEDS; SP-Optum Specialty                        |
| ORFADIN SUSP                                         | 5         | PA; NEDS                                            |
| ORFADIN CAPS 20MG                                    | 5         | PA; NEDS                                            |
| REZUROCK                                             | 5         | PA; NEDS                                            |
| <i>sapropterin dihydrochloride</i>                   | 5         | PA; NEDS; SP-Optum Specialty                        |
| THIOLA EC                                            | 5         | NEDS                                                |
| TYBOST                                               | 3         |                                                     |
| VIJOICE TBPk 125MG, 50MG                             | 5         | QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty |

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| Drug Name                                                    | Drug Tier | Requirements/Limits                                  |
|--------------------------------------------------------------|-----------|------------------------------------------------------|
| VIJOICE TBPK 0                                               | 5         | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty  |
| VOXZOGO                                                      | 5         | PA; NEDS; SP-Optum Specialty                         |
| VYNDAMAX                                                     | 5         | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| VYNDAQEL                                                     | 5         | QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| <b>Protective Agents</b>                                     |           |                                                      |
| MESNEX TABS                                                  | 5         | NEDS                                                 |
| <b>Respiratory Tract Agents</b>                              |           |                                                      |
| <b>Anti-inflammatory Agents</b>                              |           |                                                      |
| <i>cromolyn sodium conc 100mg/5ml</i>                        | 4         |                                                      |
| <i>cromolyn sodium nebu 20mg/2ml</i>                         | 3         | PA BvD                                               |
| DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML                      | 5         | PA; NEDS; SP-Optum Specialty                         |
| FASENRA                                                      | 5         | PA; NEDS                                             |
| FASENRA PEN                                                  | 5         | PA; NEDS; SP-Optum Specialty                         |
| <i>montelukast sodium tabs</i>                               | 1         |                                                      |
| <i>montelukast sodium chew, pack</i>                         | 2         |                                                      |
| NUCALA INJ 100MG, 40MG/0.4ML                                 | 5         | PA; NEDS                                             |
| NUCALA INJ 100MG/ML                                          | 5         | PA; NEDS; SP-Optum Specialty                         |
| <i>zafirlukast</i>                                           | 3         |                                                      |
| <i>zileuton er</i>                                           | 5         | NEDS                                                 |
| <b>Antifibrotic Agents</b>                                   |           |                                                      |
| ESBRIET CAPS                                                 | 5         | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| ESBRIET TABS 267MG                                           | 5         | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| ESBRIET TABS 801MG                                           | 5         | QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| OFEV                                                         | 5         | QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| <i>pirfenidone caps</i>                                      | 5         | QL(270 EA per 30 days); PA; NEDS                     |
| <i>pirfenidone tabs 534mg</i>                                | 5         | QL(135 EA per 30 days); PA; NEDS                     |
| <i>pirfenidone tabs 267mg</i>                                | 5         | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| <i>pirfenidone tabs 801mg</i>                                | 5         | QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty  |
| <b>Antitussives</b>                                          |           |                                                      |
| <i>benzonatate</i>                                           | 2         | EC                                                   |
| <i>hydrocodone bitartrate/homatropine methylbromide tabs</i> | 2         | EC                                                   |
| <i>hydrocodone polistirex/chlorpheniramine polistirex</i>    | 2         | EC                                                   |
| <i>promethazine vc/codeine</i>                               | 2         | EC                                                   |
| <i>promethazine/codeine soln</i>                             | 2         | EC                                                   |
| <i>promethazine/phenylephrine/codeine</i>                    | 2         | EC                                                   |

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| Drug Name                                                                    | Drug Tier | Requirements/Limits                                  |
|------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b><i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i></b> |           |                                                      |
| KALYDECO TABS                                                                | 5         | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty  |
| KALYDECO PACK 13.4MG                                                         | 5         | QL(56 EA per 28 days); PA; NEDS                      |
| KALYDECO PACK 25MG, 50MG, 75MG                                               | 5         | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty  |
| ORKAMBI TABS                                                                 | 5         | QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| ORKAMBI PACK 94MG; 75MG                                                      | 5         | QL(56 EA per 28 days); PA; NEDS                      |
| ORKAMBI PACK 125MG; 100MG, 188MG; 150MG                                      | 5         | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty  |
| SYMDEKO                                                                      | 5         | PA; NEDS; SP-Optum Specialty                         |
| TRIKAFTA THPK                                                                | 5         | QL(56 EA per 28 days); PA; NEDS                      |
| TRIKAFTA TBPk                                                                | 5         | QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty  |
| <b><i>Mucolytic Agents</i></b>                                               |           |                                                      |
| PULMOZYME                                                                    | 5         | PA BvD; NEDS; SP-Optum Specialty                     |
| <b><i>Phosphodiesterase Type 4 Inhibitors</i></b>                            |           |                                                      |
| <i>roflumilast</i>                                                           | 3         |                                                      |
| <b><i>Respiratory Tract Agents, Miscellaneous</i></b>                        |           |                                                      |
| BRONCHITOL                                                                   | 5         | NEDS                                                 |
| PROLASTIN-C                                                                  | 5         | PA; NEDS                                             |
| XOLAIR INJ 150MG, 75MG/0.5ML                                                 | 5         | PA; NEDS                                             |
| XOLAIR INJ 150MG/ML                                                          | 5         | PA; NEDS; SP-Optum Specialty                         |
| <b><i>Vasodilating Agents</i></b>                                            |           |                                                      |
| ADEMPAS                                                                      | 5         | PA; NEDS                                             |
| <i>ambrisentan</i>                                                           | 5         | PA; NEDS; SP-Optum Specialty                         |
| <i>bosentan</i>                                                              | 5         | PA; NEDS; SP-Optum Specialty                         |
| OPSUMIT                                                                      | 5         | PA; NEDS                                             |
| ORENITRAM TITRATION KIT MONTH 1                                              | 5         | PA; NEDS                                             |
| ORENITRAM TITRATION KIT MONTH 2                                              | 5         | PA; NEDS                                             |
| ORENITRAM TITRATION KIT MONTH 3                                              | 5         | PA; NEDS                                             |
| ORENITRAM TBCr 0.125MG, 0.25MG, 1MG, 2.5MG                                   | 4         | PA                                                   |
| ORENITRAM TBCr 5MG                                                           | 5         | PA; NEDS                                             |
| TRACLEER TBSO                                                                | 5         | PA; NEDS; SP-Optum Specialty                         |
| UPTRAVI TITRATION PACK                                                       | 5         | PA; NEDS                                             |
| UPTRAVI TABS                                                                 | 5         | PA; NEDS                                             |
| VENTAVIS                                                                     | 5         | PA; NEDS                                             |
| <b><i>Skin and Mucous Membrane Agents</i></b>                                |           |                                                      |
| <b><i>Anti-inflammatory Agents</i></b>                                       |           |                                                      |
| KOURZEQ                                                                      | 3         |                                                      |
| <b><i>Cell Stimulants and Proliferants</i></b>                               |           |                                                      |
| RETIN-A MICRO GEL 0.06%                                                      | 4         | PA                                                   |

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| Drug Name                                           | Drug Tier | Requirements/Limits    |
|-----------------------------------------------------|-----------|------------------------|
| <b>Skin and Mucous Membrane Preparations</b>        |           |                        |
| <b>Anti-infectives</b>                              |           |                        |
| <i>acyclovir oint 5%</i>                            | 4         |                        |
| <i>ciclopirox nail lacquer</i>                      | 3         |                        |
| <i>ciclopirox olamine</i>                           | 3         |                        |
| <i>ciclopirox gel, susp</i>                         | 3         |                        |
| <i>ciclopirox sham</i>                              | 4         |                        |
| CLEOCIN                                             | 4         |                        |
| <i>clindacin</i>                                    | 4         |                        |
| <i>clindacin etz pledgets</i>                       | 3         |                        |
| <i>clindacin-p</i>                                  | 3         |                        |
| <i>clindamycin phosphate/benzoyl peroxide</i>       | 4         |                        |
| <i>clindamycin phosphate crea 2%</i>                | 3         |                        |
| <i>clindamycin phosphate foam 1%</i>                | 4         |                        |
| <i>clindamycin phosphate gel 1%</i>                 | 3         |                        |
| <i>clindamycin phosphate lotn 1%</i>                | 3         |                        |
| <i>clindamycin phosphate external soln 1%</i>       | 3         |                        |
| <i>clindamycin phosphate swab 1%</i>                | 3         |                        |
| <i>clindamycin/benzoyl peroxide</i>                 | 4         |                        |
| <i>clotrimazole</i>                                 | 2         |                        |
| <i>clotrimazole/betamethasone dipropionate crea</i> | 3         |                        |
| <i>clotrimazole/betamethasone dipropionate lotn</i> | 4         |                        |
| <i>econazole nitrate</i>                            | 4         |                        |
| <i>ery</i>                                          | 3         |                        |
| <i>erythromycin/benzoyl peroxide</i>                | 4         |                        |
| <i>erythromycin gel 2%</i>                          | 4         |                        |
| <i>erythromycin soln 2%</i>                         | 2         |                        |
| <i>gentamicin sulfate crea 0.1%</i>                 | 2         |                        |
| <i>gentamicin sulfate oint 0.1%</i>                 | 2         |                        |
| GYNAZOLE-1                                          | 4         |                        |
| <i>ivermectin crea 1%</i>                           | 4         |                        |
| <i>ketoconazole crea 2%</i>                         | 3         | QL(120 GM per 30 days) |
| <i>ketoconazole foam 2%</i>                         | 4         |                        |
| <i>ketoconazole sham 2%</i>                         | 2         |                        |
| KETODAN                                             | 4         |                        |
| <i>malathion</i>                                    | 4         |                        |
| MENTAX                                              | 4         |                        |
| <i>metronidazole vaginal</i>                        | 3         |                        |
| <i>metronidazole crea 0.75%</i>                     | 4         |                        |
| <i>metronidazole gel 0.75%</i>                      | 3         |                        |
| <i>metronidazole gel 1%</i>                         | 4         |                        |
| <i>metronidazole lotn 0.75%</i>                     | 4         |                        |
| <i>miconazole 3</i>                                 | 3         |                        |
| <i>mupirocin oint</i>                               | 2         | QL(44 GM per 30 days)  |
| <i>mupirocin crea</i>                               | 3         | QL(180 GM per 30 days) |

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|--------------------------------------------------------|-----------|------------------------|
| <i>naftifine hcl</i>                                   | 3         |                        |
| <i>naftifine hydrochloride</i>                         | 3         |                        |
| NUVESSA                                                | 4         |                        |
| <i>nyamyc</i>                                          | 2         |                        |
| <i>nystatin crea 100000unit/gm</i>                     | 2         |                        |
| <i>nystatin oint 100000unit/gm</i>                     | 2         |                        |
| <i>nystatin powd 100000unit/gm</i>                     | 2         |                        |
| <i>nystop</i>                                          | 2         |                        |
| <i>penciclovir</i>                                     | 4         |                        |
| <i>permethrin</i>                                      | 3         |                        |
| <i>rosadan gel</i>                                     | 3         |                        |
| <i>rosadan crea</i>                                    | 4         |                        |
| <i>selenium sulfide</i>                                | 2         |                        |
| <i>silver sulfadiazine</i>                             | 3         |                        |
| <i>ssd</i>                                             | 3         |                        |
| SULFAMYLON                                             | 4         |                        |
| <i>terconazole</i>                                     | 3         |                        |
| <b>Anti-inflammatory Agents</b>                        |           |                        |
| <i>ala-cort</i>                                        | 1         |                        |
| <i>alclometasone dipropionate oint</i>                 | 2         |                        |
| <i>alclometasone dipropionate crea</i>                 | 4         |                        |
| <i>amcinonide</i>                                      | 4         |                        |
| <i>betamethasone dipropionate augmented crea, oint</i> | 2         |                        |
| <i>betamethasone dipropionate augmented gel, lotn</i>  | 4         |                        |
| <i>betamethasone dipropionate lotn</i>                 | 2         |                        |
| <i>betamethasone dipropionate crea, oint</i>           | 4         |                        |
| <i>betamethasone valerate</i>                          | 2         |                        |
| <i>budesonide foam 2mg</i>                             | 3         |                        |
| <i>clobetasol propionate e</i>                         | 3         | QL(240 GM per 30 days) |
| <i>clobetasol propionate emollient</i>                 | 4         | QL(200 GM per 30 days) |
| <i>clobetasol propionate soln</i>                      | 3         | QL(200 ML per 30 days) |
| <i>clobetasol propionate gel</i>                       | 3         | QL(240 GM per 30 days) |
| <i>clobetasol propionate foam</i>                      | 4         | QL(200 GM per 30 days) |
| <i>clobetasol propionate lotn, sham</i>                | 4         | QL(236 ML per 30 days) |
| <i>clobetasol propionate crea, oint</i>                | 4         | QL(240 GM per 30 days) |
| <i>clobetasol propionate liqd</i>                      | 4         | QL(250 ML per 30 days) |
| <i>clocortolone pivalate</i>                           | 4         |                        |
| <i>clodan</i>                                          | 3         | QL(236 ML per 30 days) |
| CORDRAN                                                | 4         |                        |
| <i>desonide</i>                                        | 4         |                        |
| <i>desoximetasone</i>                                  | 4         |                        |
| DESRX                                                  | 4         |                        |
| <i>diclofenac sodium gel 1%</i>                        | 3         | QL(960 GM per 30 days) |
| <i>diclofenac sodium gel 3%</i>                        | 4         | QL(200 GM per 30 days) |
| <i>diflorasone diacetate</i>                           | 4         |                        |

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| Drug Name                                              | Drug Tier | Requirements/Limits       |
|--------------------------------------------------------|-----------|---------------------------|
| EUCRISA                                                | 4         | PA                        |
| <i>fluocinolone acetonide body</i>                     | 4         |                           |
| <i>fluocinolone acetonide scalp</i>                    | 3         |                           |
| <i>fluocinolone acetonide crea 0.01%, 0.025%</i>       | 3         |                           |
| <i>fluocinolone acetonide oint 0.025%</i>              | 3         |                           |
| <i>fluocinolone acetonide soln 0.01%</i>               | 4         |                           |
| <i>fluocinonide</i>                                    | 4         |                           |
| <i>fluocinonide emulsified base</i>                    | 4         |                           |
| <i>fluticasone propionate crea 0.05%</i>               | 2         |                           |
| <i>fluticasone propionate lotn 0.05%</i>               | 4         |                           |
| <i>fluticasone propionate oint 0.005%</i>              | 2         |                           |
| <i>halcinonide</i>                                     | 3         |                           |
| <i>halobetasol propionate</i>                          | 4         |                           |
| <i>hydrocortisone butyrate</i>                         | 4         |                           |
| <i>hydrocortisone valerate</i>                         | 4         |                           |
| <i>hydrocortisone crea 1%, 2.5%</i>                    | 1         |                           |
| <i>hydrocortisone crea 1%, 2.5%</i>                    | 2         |                           |
| <i>hydrocortisone enem 100mg/60ml</i>                  | 4         |                           |
| <i>hydrocortisone lotn 2.5%</i>                        | 1         |                           |
| <i>hydrocortisone oint 1%, 2.5%</i>                    | 1         |                           |
| <i>mometasone furoate crea 0.1%</i>                    | 1         |                           |
| <i>mometasone furoate oint 0.1%</i>                    | 1         |                           |
| <i>mometasone furoate soln 0.1%</i>                    | 2         |                           |
| <i>oralone dental paste</i>                            | 3         |                           |
| <i>procto-med hc</i>                                   | 2         |                           |
| <i>procto-pak</i>                                      | 2         |                           |
| <i>proctosol hc</i>                                    | 2         |                           |
| <i>proctozone-hc</i>                                   | 2         |                           |
| TOVET                                                  | 4         | QL(200 GM per 30 days)    |
| <i>triamcinolone acetonide dental paste</i>            | 3         |                           |
| <i>triamcinolone acetonide crea, lotn</i>              | 2         |                           |
| <i>triamcinolone acetonide aers</i>                    | 4         |                           |
| <i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i> | 2         |                           |
| <i>triamcinolone acetonide oint 0.05%</i>              | 3         |                           |
| TRIANEX                                                | 3         |                           |
| <i>triderm</i>                                         | 2         |                           |
| TRITOCIN                                               | 3         |                           |
| UCERIS                                                 | 4         |                           |
| <b>Antipruritics and Local Anesthetics</b>             |           |                           |
| <i>doxepin hydrochloride crea 5%</i>                   | 4         | QL(90 GM per 30 days)     |
| <i>lidocaine hcl</i>                                   | 2         | QL(100 ML per 30 days)    |
| <i>lidocaine/prilocaine</i>                            | 3         | QL(60 GM per 30 days)     |
| <i>lidocaine ptch</i>                                  | 3         | QL(90 EA per 30 days); PA |
| <i>lidocaine oint</i>                                  | 4         | QL(100 GM per 30 days)    |
| <i>premium lidocaine</i>                               | 4         | QL(100 GM per 30 days)    |

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|------------------------------------------------|-----------|----------------------------------------------------|
| <b>Cell Stimulants and Proliferants</b>        |           |                                                    |
| <i>avita</i>                                   | 2         | PA                                                 |
| RETIN-A MICRO PUMP                             | 4         | PA                                                 |
| <i>tretinoin microsphere</i>                   | 4         | PA                                                 |
| <i>tretinoin crea 0.025%, 0.05%, 0.1%</i>      | 2         | PA                                                 |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i>      | 4         | PA                                                 |
| <b>Emollients, Demulcents, and Protectants</b> |           |                                                    |
| <i>ammonium lactate</i>                        | 3         |                                                    |
| <b>Skin and Mucous Membrane Agents, Misc</b>   |           |                                                    |
| <i>acutane</i>                                 | 4         |                                                    |
| <i>acitretin</i>                               | 4         |                                                    |
| <i>adapalene crea</i>                          | 2         | PA                                                 |
| <i>adapalene gel</i>                           | 4         | PA                                                 |
| <i>azelaic acid</i>                            | 3         |                                                    |
| AZELEX                                         | 4         |                                                    |
| <i>bexarotene gel 1%</i>                       | 5         | PA NSO; NEDS                                       |
| <i>calcipotriene crea</i>                      | 3         | QL(120 GM per 30 days)                             |
| <i>calcipotriene oint</i>                      | 4         | QL(120 GM per 30 days)                             |
| <i>calcipotriene soln</i>                      | 4         | QL(120 ML per 30 days)                             |
| <i>calcitriol oint 3mcg/gm</i>                 | 4         |                                                    |
| <i>claravis</i>                                | 4         |                                                    |
| CONDYLOX                                       | 4         |                                                    |
| DUPIXENT INJ 200MG/1.14ML, 300MG/2ML           | 5         | PA; NEDS; SP-Optum Specialty                       |
| <i>fluorouracil soln</i>                       | 3         |                                                    |
| <i>fluorouracil crea</i>                       | 4         |                                                    |
| HYFTOR                                         | 5         | PA; NEDS                                           |
| <i>imiquimod</i>                               | 4         |                                                    |
| <i>imiquimod pump</i>                          | 4         |                                                    |
| <i>isotretinoin</i>                            | 4         |                                                    |
| KLISYRI                                        | 5         | PA; NEDS                                           |
| MYORISAN                                       | 4         |                                                    |
| PANRETIN                                       | 5         | NEDS                                               |
| <i>pimecrolimus</i>                            | 3         |                                                    |
| <i>podofilox</i>                               | 3         |                                                    |
| RECTIV                                         | 4         | QL(30 GM per 30 days)                              |
| REGRANEX                                       | 3         |                                                    |
| SANTYL                                         | 3         |                                                    |
| SKYRIZI PEN                                    | 5         | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 75MG/0.83ML                        | 5         | QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 150MG/ML                           | 5         | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| STELARA INJ 45MG/0.5ML                         | 5         | QL(1 ML per 28 days); PA; NEDS                     |

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|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| STELARA INJ 45MG/0.5ML, 90MG/ML                                                                                  | 5         | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| <i>tacrolimus oint 0.03%, 0.1%</i>                                                                               | 3         |                                                    |
| <i>tazarotene crea, gel</i>                                                                                      | 3         | PA                                                 |
| <i>tazarotene foam</i>                                                                                           | 4         | PA                                                 |
| TAZORAC                                                                                                          | 4         | PA                                                 |
| VALCHLOR                                                                                                         | 5         | NEDS; SP-Optum Specialty                           |
| WINLEVI                                                                                                          | 4         | PA                                                 |
| ZENATANE                                                                                                         | 4         |                                                    |
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| <i>oxybutynin chloride soln, syrp</i>                                                                            | 2         |                                                    |
| <i>oxybutynin chloride tabs 5mg</i>                                                                              | 2         |                                                    |
| <i>oxybutynin chloride tabs 2.5mg</i>                                                                            | 3         |                                                    |
| <i>solifenacin succinate</i>                                                                                     | 3         |                                                    |
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| <i>theophylline er tb24</i>                                                                                      | 2         |                                                    |
| <i>theophylline er tb12 300mg, 450mg</i>                                                                         | 2         |                                                    |
| <i>theophylline elix</i>                                                                                         | 2         |                                                    |
| <b>Vitamins</b>                                                                                                  |           |                                                    |
| <b>Multivitamin Preparations</b>                                                                                 |           |                                                    |
| <i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i> | 2         |                                                    |
| <b>Vitamin B Complex</b>                                                                                         |           |                                                    |
| <i>cyanocobalamin inj 1000mcg/ml</i>                                                                             | 2         | EC                                                 |
| <i>folic acid tabs 1mg</i>                                                                                       | 1         | EC                                                 |
| <i>niacin tabs 500mg</i>                                                                                         | 2         |                                                    |
| <i>niacor</i>                                                                                                    | 2         |                                                    |
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| <i>calcitriol soln 1mcg/ml</i>                                                                                   | 2         |                                                    |
| <i>doxercalciferol caps</i>                                                                                      | 4         |                                                    |
| <i>paricalcitol caps</i>                                                                                         | 4         |                                                    |
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| <i>asenapine maleate sl</i>      | 29            | <i>1/2"</i>                                         |               |
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| <i>cromolyn sodium</i>                | 38            | <i>dexmethylphenidate hcl er</i>           | 25            |
| <i>cromolyn sodium</i>                | 52            | <i>dexmethylphenidate hydrochloride</i>    | 25            |
| <i>curity gauze pads 2"x2" 12 ply</i> | 32            | <i>dexmethylphenidate hydrochloride er</i> | 25            |
| <i>cyanocobalamin</i>                 | 58            | <i>dextroamphetamine sulfate</i>           | 25            |
| <i>cyclobenzaprine hydrochloride</i>  | 16            | <i>dextroamphetamine sulfate er</i>        | 25            |
| <i>cyclophosphamide</i>               | 9             | <i>dextrose 10%/nacl 0.45%</i>             | 36            |
| CYCLOSET                              | 42            | <i>dextrose 10%</i>                        | 34            |
| <i>cyclosporine</i>                   | 37            | <i>dextrose 10%/nacl 0.2%</i>              | 36            |
| <i>cyclosporine</i>                   | 50            | <i>dextrose 2.5%/nacl 0.45%</i>            | 36            |
| <i>cyclosporine modified</i>          | 50            | <i>dextrose 5%</i>                         | 34            |
| <i>cyproheptadine hcl</i>             | 8             | <i>dextrose 5%/nacl 0.2%</i>               | 36            |
| <i>cyproheptadine hydrochloride</i>   | 8             | <i>dextrose 5%/nacl 0.3%</i>               | 36            |
| CYSTAGON                              | 51            | <i>dextrose 5%/nacl 0.33%</i>              | 36            |
| CYSTARAN                              | 39            | <i>dextrose 5%/nacl 0.45%</i>              | 36            |
| <i>dabigatran etexilate</i>           | 17            | <i>dextrose 5%/nacl 0.9%</i>               | 36            |
| <i>dalfampridine er</i>               | 51            | <i>dextrose 50%</i>                        | 34            |
| DALVANCE                              | 3             | <i>dextrose 70%</i>                        | 34            |
| <i>danazol</i>                        | 42            | <i>dextrose/sodium chloride</i>            | 36            |
| <i>dantrolene sodium</i>              | 16            | DIACOMIT                                   | 25            |
| <i>dapsone</i>                        | 5             | <i>diazepam</i>                            | 28            |
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| <i>daptomycin</i>                     | 3             | <i>diazepam rectal gel</i>                 | 28            |
| <i>darunavir</i>                      | 6             | <i>diazoxide</i>                           | 44            |
| DAURISMO                              | 9             | <i>dichlorphenamide</i>                    | 49            |
| DAYVIGO                               | 28            | <i>diclofenac epolamine</i>                | 23            |
| <i>deblitane</i>                      | 44            | <i>diclofenac potassium</i>                | 23            |
| <i>deferasirox</i>                    | 41            | <i>diclofenac sodium</i>                   | 37            |

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| <i>diclofenac sodium dr</i>                          | 23            | <i>doxepin hcl</i>                                           | 30            |
| <i>diclofenac sodium er</i>                          | 23            | <i>doxepin hydrochloride</i>                                 | 30            |
| <i>dicloxacillin sodium</i>                          | 3             | <i>doxepin hydrochloride</i>                                 | 56            |
| <i>dicyclomine hcl</i>                               | 16            | <i>doxercalciferol</i>                                       | 58            |
| <i>dicyclomine hydrochloride</i>                     | 16            | DOXY 100                                                     | 3             |
| DIFICID                                              | 3             | <i>doxycycline</i>                                           | 3             |
| <i>diflorasone diacetate</i>                         | 55            | <i>doxycycline hyclate</i>                                   | 3             |
| <i>diflunisal</i>                                    | 23            | <i>doxycycline monohydrate</i>                               | 3             |
| <i>difluprednate</i>                                 | 37            | DRIZALMA SPRINKLE                                            | 30            |
| <i>digitek</i>                                       | 21            | <i>dronabinol</i>                                            | 40            |
| <i>digox</i>                                         | 21            | <i>drospirenone/ethinyl estradiol</i>                        | 44            |
| <i>digoxin</i>                                       | 21            | DROXIA                                                       | 10            |
| <i>dihydroergotamine mesylate</i>                    | 17            | <i>droxidopa</i>                                             | 17            |
| DILANTIN                                             | 25            | <i>duloxetine hcl</i>                                        | 30            |
| DILANTIN INFATABS                                    | 25            | <i>duloxetine hydrochloride</i>                              | 30            |
| DILANTIN-125                                         | 25            | DUPIXENT                                                     | 52            |
| <i>diltiazem hcl</i>                                 | 20            | DUPIXENT                                                     | 57            |
| <i>diltiazem hcl cd</i>                              | 20            | <i>dutasteride</i>                                           | 48            |
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| <i>diltiazem hydrochloride</i>                       | 20            | <i>econazole nitrate</i>                                     | 54            |
| <i>diltiazem hydrochloride er</i>                    | 20            | EDURANT                                                      | 6             |
| <i>dilt-xr</i>                                       | 20            | <i>efavirenz</i>                                             | 6             |
| <i>dimethyl fumarate</i>                             | 50            | <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | 6             |
| <i>dimethyl fumarate starterpack</i>                 | 50            | <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>    | 6             |
| <i>diphenoxylate hydrochloride/atropine sulfate</i>  | 39            | EGRIFTA SV                                                   | 47            |
| <i>diphenoxylate/atropine</i>                        | 39            | ELESTRIN                                                     | 46            |
| <i>diphtheria/tetanus toxoids adsorbed pediatric</i> | 14            | ELIGARD                                                      | 46            |
| <i>dipyridamole</i>                                  | 22            | ELIQUIS                                                      | 17            |
| <i>disopyramide phosphate</i>                        | 21            | ELIQUIS STARTER PACK                                         | 17            |
| <i>disulfiram</i>                                    | 48            | <i>elixophyllin</i>                                          | 58            |
| <i>divalproex sodium</i>                             | 25            | ELMIRON                                                      | 51            |
| <i>divalproex sodium dr</i>                          | 25            | <i>eluryng</i>                                               | 44            |
| <i>divalproex sodium er</i>                          | 25            | EMCYT                                                        | 10            |
| <i>dofetilide</i>                                    | 21            | EMGALITY                                                     | 27            |
| <i>donepezil hcl</i>                                 | 16            | EMSAM                                                        | 27            |
| <i>donepezil hydrochloride</i>                       | 16            | <i>emtricitabine</i>                                         | 6             |
| DOPTELET                                             | 18            | <i>emtricitabine/tenofovir disoproxil fumarate</i>           | 6             |
| <i>dorzolamide hcl/timolol maleate</i>               | 39            | <i>emtricitabine/tenofovir disoproxil fumarate</i>           | 6             |
| <i>dorzolamide hydrochloride</i>                     | 39            | EMTRIVA                                                      | 7             |
| <i>dorzolamide hydrochloride/timolol maleate pf</i>  | 39            | <i>enalapril maleate</i>                                     | 21            |
| <i>dotti</i>                                         | 46            | <i>enalapril maleate/hydrochlorothiazide</i>                 | 21            |
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| <i>enoxaparin sodium</i>              | 17            | EVOTAZ                                    | 7             |
| <i>entacapone</i>                     | 27            | EVRYSDI                                   | 51            |
| <i>entecavir</i>                      | 7             | <i>exemestane</i>                         | 46            |
| ENTRESTO                              | 21            | EXKIVITY                                  | 10            |
| <i>enulose</i>                        | 33            | EXSERVAN                                  | 28            |
| ENVARUSUS XR                          | 50            | EXTAVIA                                   | 50            |
| EPCLUSA                               | 7             | <i>ezetimibe</i>                          | 19            |
| EPIDIOLEX                             | 25            | <i>ezetimibe/simvastatin</i>              | 19            |
| <i>epinastine hcl</i>                 | 38            | <i>falmina</i>                            | 44            |
| <i>epinephrine</i>                    | 17            | <i>famciclovir</i>                        | 7             |
| <i>epitol</i>                         | 25            | <i>famotidine</i>                         | 40            |
| <i>eplerenone</i>                     | 21            | FANAPT                                    | 30            |
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| <i>erythromycin</i>                   | 37            | <i>fenofibrate micronized</i>             | 19            |
| <i>erythromycin</i>                   | 54            | <i>fenofibric acid dr</i>                 | 19            |
| <i>erythromycin base</i>              | 3             | <i>fentanyl</i>                           | 23            |
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| <i>erythromycin ethylsuccinate</i>    | 3             | <i>fentanyl citrate oral transmucosal</i> | 23            |
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| fluocinolone acetonide                   | 56            | galantamine hydrobromide er             | 16            |
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| fluoxetine hydrochloride                 | 30            | gavilyte-c                              | 40            |
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| fluphenazine hcl                         | 30            | gavilyte-n/flavor pack                  | 40            |
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| fluvoxamine maleate er                   | 30            | gentamicin sulfate/0.9% sodium chloride | 3             |
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| <i>guanfacine hydrochloride</i>              | 28            | <i>hydrochlorothiazide</i>                     | 35            |
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| IPOL INACTIVATED IPV                         | 15     | <i>kcl 0.3%/d5w/nacl 0.45%</i>   | 36     |
| <i>ipratropium bromide</i>                   | 16     | <i>kcl 0.3%/d5w/nacl 0.9%</i>    | 36     |
| <i>ipratropium bromide/albuterol sulfate</i> | 17     | <i>kelnor 1/35</i>               | 45     |
| <i>irbesartan</i>                            | 22     | KERENDIA                         | 22     |
| <i>irbesartan/hydrochlorothiazide</i>        | 22     | KESIMPTA                         | 50     |
| IRESSA                                       | 10     | <i>ketoconazole</i>              | 5      |
| ISENTRESS                                    | 7      | <i>ketoconazole</i>              | 54     |
| ISENTRESS HD                                 | 7      | KETODAN                          | 54     |
| <i>isoniazid</i>                             | 5      | <i>ketoprofen</i>                | 24     |
| <i>isosorbide dinitrate</i>                  | 22     | <i>ketoprofen er</i>             | 24     |
| <i>isosorbide dinitrate/hydralazine</i>      | 22     | <i>ketorolac tromethamine</i>    | 38     |
| <i>hydrochloride</i>                         |        | KINERET                          | 49     |
| <i>isosorbide mononitrate</i>                | 22     | KINRIX                           | 14     |
| <i>isosorbide mononitrate er</i>             | 22     | KISQALI                          | 11     |
| <i>isotonic gentamicin</i>                   | 3      | KISQALI FEMARA 200 DOSE          | 46     |
| <i>isotretinoin</i>                          | 57     | KISQALI FEMARA 400 DOSE          | 46     |
| <i>isradipine</i>                            | 20     | KISQALI FEMARA 600 DOSE          | 46     |

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| <i>klor-con</i>                                | 36     | LEUKERAN                                    | 11     |
| <i>klor-con 10</i>                             | 36     | <i>leuprolide acetate</i>                   | 46     |
| <i>klor-con 8</i>                              | 36     | <i>levalbuterol</i>                         | 17     |
| <i>klor-con m10</i>                            | 36     | <i>levalbuterol hcl</i>                     | 17     |
| <i>klor-con m15</i>                            | 36     | <i>levalbuterol hydrochloride</i>           | 17     |
| <i>klor-con m20</i>                            | 36     | <i>levalbuterol tartrate hfa</i>            | 17     |
| KORLYM                                         | 43     | LEVEMIR                                     | 43     |
| KOSELUGO                                       | 11     | LEVEMIR FLEXPEN                             | 43     |
| KOURZEQ                                        | 53     | LEVEMIR FLEXTOUCH                           | 43     |
| KRAZATI                                        | 11     | <i>levetiracetam</i>                        | 26     |
| KRISTALOSE                                     | 33     | <i>levetiracetam er</i>                     | 26     |
| KYNMOBI                                        | 27     | <i>levobunolol hcl</i>                      | 39     |
| <i>labetalol hydrochloride</i>                 | 19     | <i>levocarnitine</i>                        | 51     |
| <i>lacosamide</i>                              | 26     | <i>levocetirizine dihydrochloride</i>       | 9      |
| <i>lactulose</i>                               | 33     | <i>levofloxacin</i>                         | 3      |
| <i>lamivudine</i>                              | 7      | <i>levofloxacin</i>                         | 37     |
| <i>lamivudine/zidovudine</i>                   | 7      | <i>levofloxacin in d5w</i>                  | 3      |
| <i>lamotrigine</i>                             | 26     | <i>levonest</i>                             | 45     |
| <i>lamotrigine starter kit/blue</i>            | 26     | <i>levonorgestrel and ethinyl estradiol</i> | 45     |
| <i>lamotrigine starter kit/green</i>           | 26     | <i>levonorgestrel/ethinyl estradiol</i>     | 45     |
| <i>lamotrigine starter kit/orange</i>          | 26     | <i>levora 0.15/30-28</i>                    | 45     |
| <i>lansoprazole</i>                            | 40     | <i>levorphanol tartrate</i>                 | 24     |
| <i>lansoprazole/amoxicillin/clarithromycin</i> | 40     | <i>levo-t</i>                               | 48     |
| <i>lanthanum carbonate</i>                     | 35     | <i>levothyroxine sodium</i>                 | 48     |
| LANTUS                                         | 43     | <i>levoxyl</i>                              | 48     |
| LANTUS SOLOSTAR                                | 43     | LEXIVA                                      | 7      |
| <i>lapatinib ditosylate</i>                    | 11     | <i>lidocaine</i>                            | 56     |
| <i>larin 1.5/30</i>                            | 45     | <i>lidocaine hcl</i>                        | 56     |
| <i>larin 1/20</i>                              | 45     | <i>lidocaine hydrochloride viscous</i>      | 39     |
| <i>larin fe 1.5/30</i>                         | 45     | <i>lidocaine viscous</i>                    | 39     |
| <i>larin fe 1/20</i>                           | 45     | <i>lidocaine/prilocaine</i>                 | 56     |
| <i>latanoprost</i>                             | 39     | <i>linezolid</i>                            | 3      |
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| LENVIMA 24 MG DAILY DOSE                       | 11     | LIVTENCITY                                  | 7      |
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| <i>lessina</i>                                 | 45     | LONHALA MAGNAIR REFILL KIT                  | 16     |
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| LOTEMAX                                | 38            | meropenem                        | 4             |
| loteprednol etabonate                  | 38            | mesalamine                       | 39            |
| lovastatin                             | 19            | mesalamine dr                    | 39            |
| loxapine                               | 31            | mesalamine er                    | 39            |
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| lurasidone hydrochloride               | 31            | methimazole                      | 48            |
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| LYNPARZA                               | 11            | methotrexate sodium              | 12            |
| LYSODREN                               | 11            | methsuximide                     | 26            |
| LYTGOBI                                | 11            | methylphenidate hydrochloride    | 25            |
| magnesium sulfate                      | 26            | methylphenidate hydrochloride er | 25            |
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| MAVYRET                                | 7             | metoprolol tartrate              | 19            |
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| MAYZENT STARTER PACK                   | 50            | metronidazole                    | 54            |
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| <i>molindone hydrochloride</i>           | 31            | <i>neo-polycin</i>                                   | 37            |
| <i>mometasone furoate</i>                | 38            | <i>neo-polycin hc</i>                                | 38            |
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| <i>mupirocin</i>                         | 54            | NICOTROL INHALER                                     | 16            |
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| <i>prednisolone acetate</i>              | 38            | <i>propafenone hydrochloride er</i>       | 21            |
| <i>prednisolone sodium phosphate</i>     | 38            | <i>propranolol hcl</i>                    | 20            |
| <i>prednisolone sodium phosphate</i>     | 42            | <i>propranolol hcl er</i>                 | 20            |
| <i>prednisolone sodium phosphate odt</i> | 42            | <i>propranolol hydrochloride</i>          | 20            |
| <i>prednisone</i>                        | 42            | <i>propranolol hydrochloride er</i>       | 20            |
| <i>pregabalin</i>                        | 26            | <i>propylthiouracil</i>                   | 48            |
| <i>pregabalin er</i>                     | 24            | PROQUAD                                   | 15            |
| PREHEVBRIO                               | 15            | PROSOL                                    | 35            |
| PREMARIN                                 | 46            | <i>protriptyline hcl</i>                  | 31            |
| PREMASOL                                 | 35            | PULMOZYME                                 | 53            |
| <i>premium lidocaine</i>                 | 56            | PURIXAN                                   | 12            |
| PREMPHASE                                | 46            | PYLERA                                    | 40            |
| PREMPRO                                  | 46            | <i>pyrazinamide</i>                       | 5             |
| <i>prenatal</i>                          | 58            | <i>pyridostigmine bromide</i>             | 16            |
| <i>prevalite</i>                         | 19            | <i>pyridostigmine bromide er</i>          | 16            |
| PREVYMIS                                 | 7             | <i>pyrimethamine</i>                      | 6             |
| PREZCOBIX                                | 7             | PYRUKYND                                  | 18            |
| PREZISTA                                 | 7             | PYRUKYND TAPER PACK                       | 18            |
| PRIFTIN                                  | 5             | QINLOCK                                   | 12            |
| <i>primaquine phosphate</i>              | 6             | QUADRACEL                                 | 15            |
| <i>primidone</i>                         | 26            | <i>quetiapine fumarate</i>                | 31            |
| PRIORIX                                  | 15            | <i>quetiapine fumarate er</i>             | 31            |
| PRIVIGEN                                 | 14            | <i>quinapril hcl</i>                      | 22            |
| PROAIR RESPICLICK                        | 17            | <i>quinapril hydrochloride</i>            | 22            |
| <i>probenecid</i>                        | 36            | <i>quinapril/hydrochlorothiazide</i>      | 22            |
| <i>probenecid/colchicine</i>             | 36            | <i>quinidine gluconate cr</i>             | 21            |
| <i>prochlorperazine</i>                  | 31            | <i>quinidine sulfate</i>                  | 21            |
| <i>prochlorperazine maleate</i>          | 31            | <i>quinine sulfate</i>                    | 6             |
| PROCRIT                                  | 18            | QVAR REDIHALER                            | 42            |
| <i>procto-med hc</i>                     | 56            | RABAVERT                                  | 15            |
| <i>procto-pak</i>                        | 56            | <i>rabeprazole sodium</i>                 | 40            |
| <i>proctosol hc</i>                      | 56            | RADICAVA ORS                              | 29            |
| <i>proctozone-hc</i>                     | 56            | RADICAVA ORS STARTER KIT                  | 29            |
| <i>progesterone</i>                      | 47            | <i>raloxifene hydrochloride</i>           | 46            |
| PROGRAF                                  | 51            | <i>ramelteon</i>                          | 28            |
| PROLASTIN-C                              | 53            | <i>ramipril</i>                           | 22            |
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| PROLIA                                   | 49            | <i>rasagiline mesylate</i>                | 27            |
| PROMACTA                                 | 18            | RASUVO                                    | 50            |
| <i>promethazine hcl</i>                  | 8             | RAYALDEE                                  | 58            |
| <i>promethazine hcl plain</i>            | 8             | REBIF                                     | 50            |
| <i>promethazine hydrochloride</i>        | 9             | REBIF REBIDOSE                            | 50            |
| <i>promethazine vc/codeine</i>           | 52            | REBIF REBIDOSE TITRATION PACK             | 50            |

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| RECOMBIVAX HB                          | 15     | ROTATEQ                             | 15     |
| RECTIV                                 | 57     | <i>roweepra</i>                     | 26     |
| REGRANEX                               | 57     | ROZLYTREK                           | 12     |
| RELENZA DISKHALER                      | 8      | RUBRACA                             | 12     |
| RELISTOR                               | 41     | <i>rufinamide</i>                   | 26     |
| RELYVRIO                               | 29     | RUKOBIA                             | 8      |
| <i>repaglinide</i>                     | 44     | RYBELSUS                            | 44     |
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| REPATHA SURECLICK                      | 19     | SAJAZIR                             | 51     |
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| RESTASIS MULTIDOSE                     | 38     | <i>sapropterin dihydrochloride</i>  | 51     |
| RETACRIT                               | 18     | SAVELLA                             | 29     |
| RETEVMO                                | 12     | SAVELLA TITRATION PACK              | 29     |
| RETIN-A MICRO                          | 53     | SCEMBLIX                            | 12     |
| RETIN-A MICRO PUMP                     | 57     | <i>scopolamine</i>                  | 40     |
| REVCovi                                | 36     | SECUADO                             | 32     |
| REXULTI                                | 31     | <i>selegiline hcl</i>               | 28     |
| REYATAZ                                | 8      | <i>selenium sulfide</i>             | 55     |
| REZLIDHIA                              | 12     | SELZENTRY                           | 8      |
| REZUROCK                               | 51     | SEREVENT DISKUS                     | 17     |
| RHOPRESSA                              | 39     | SEROSTIM                            | 47     |
| <i>ribavirin</i>                       | 8      | <i>sertraline hcl</i>               | 32     |
| RIDAURA                                | 41     | <i>sertraline hydrochloride</i>     | 32     |
| <i>rifabutin</i>                       | 5      | <i>sevelamer carbonate</i>          | 35     |
| <i>rifampin</i>                        | 5      | <i>sharobel</i>                     | 45     |
| <i>riluzole</i>                        | 29     | SHINGRIX                            | 15     |
| <i>rimantadine hydrochloride</i>       | 8      | SIGNIFOR                            | 47     |
| RINVOQ                                 | 50     | <i>sildenafil citrate</i>           | 22     |
| <i>risedronate sodium</i>              | 49     | <i>silodosin</i>                    | 17     |
| <i>risedronate sodium dr</i>           | 49     | <i>silver sulfadiazine</i>          | 55     |
| RISPERDAL CONSTA                       | 31     | SIMBRINZA                           | 39     |
| <i>risperidone</i>                     | 31     | <i>simvastatin</i>                  | 19     |
| <i>risperidone odt</i>                 | 31     | <i>sirolimus</i>                    | 51     |
| <i>ritonavir</i>                       | 8      | SIRTURO                             | 5      |
| <i>rivastigmine tartrate</i>           | 16     | SIVEXTRO                            | 4      |
| <i>rivastigmine transdermal system</i> | 16     | SKYRIZI                             | 41     |
| <i>rizatriptan benzoate</i>            | 27     | SKYRIZI                             | 57     |
| <i>rizatriptan benzoate odt</i>        | 27     | SKYRIZI PEN                         | 57     |
| ROCKLATAN                              | 39     | <i>sodium chloride</i>              | 36     |
| <i>roflumilast</i>                     | 53     | <i>sodium chloride 0.45%</i>        | 36     |
| <i>ropinirole hcl</i>                  | 27     | <i>sodium chloride 0.9%</i>         | 36     |
| <i>ropinirole hydrochloride</i>        | 27     | <i>sodium oxybate</i>               | 29     |
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| SOMAVERT                                                  | 47            | SYMTUZA                                                | 8             |
| <i>sorafenib</i>                                          | 12            | SYNAREL                                                | 47            |
| <i>sorafenib tosylate</i>                                 | 12            | SYNJARDY                                               | 44            |
| <i>sotalol hcl</i>                                        | 20            | SYNJARDY XR                                            | 44            |
| <i>sotalol hydrochloride (af)</i>                         | 20            | SYNRIBO                                                | 13            |
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| <i>spironolactone</i>                                     | 22            | TABLOID                                                | 13            |
| <i>spironolactone/hydrochlorothiazide</i>                 | 22            | TABRECTA                                               | 13            |
| SPRITAM                                                   | 26            | <i>tacrolimus</i>                                      | 51            |
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| <i>sps</i>                                                | 35            | <i>tadalafil</i>                                       | 22            |
| <i>ssd</i>                                                | 55            | TAFINLAR                                               | 13            |
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| STELARA                                                   | 57            | TAGRISSE                                               | 13            |
| STIOLTO RESPIMAT                                          | 16            | TALZENNA                                               | 13            |
| STIVARGA                                                  | 13            | <i>tamoxifen citrate</i>                               | 46            |
| <i>streptomycin sulfate</i>                               | 4             | <i>tamsulosin hydrochloride</i>                        | 17            |
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| SUBSYS                                                    | 24            | <i>tasimelteon</i>                                     | 28            |
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| <i>subvenite starter kit/green</i>                        | 26            | <i>tazarotene</i>                                      | 58            |
| <i>subvenite starter kit/orange</i>                       | 26            | TAZICEF                                                | 4             |
| SUCRAID                                                   | 37            | TAZORAC                                                | 58            |
| <i>sucrafate</i>                                          | 40            | <i>taztia xt</i>                                       | 20            |
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| <i>sulfamethoxazole/trimethoprim</i>                      | 4             | <i>techlite pen needles 29g x 10mm</i>                 | 33            |
| <i>sulfamethoxazole/trimethoprim ds</i>                   | 4             | TEFLARO                                                | 4             |
| SULFAMYLON                                                | 55            | TEGSEDI                                                | 48            |
| <i>sulfasalazine</i>                                      | 4             | TEKTURN HCT                                            | 22            |
| <i>sulindac</i>                                           | 24            | <i>telmisartan</i>                                     | 22            |
| <i>sumatriptan</i>                                        | 27            | <i>telmisartan/amlodipine</i>                          | 20            |
| <i>sumatriptan succinate</i>                              | 27            | <i>telmisartan/hydrochlorothiazide</i>                 | 22            |
| <i>sunitinib malate</i>                                   | 13            | <i>temazepam</i>                                       | 28            |
| SUNLENCA                                                  | 8             | TEMIXYS                                                | 8             |
| SUNOSI                                                    | 25            | TENIVAC                                                | 15            |
| SUPRAX                                                    | 4             | <i>tenofovir disoproxil fumarate</i>                   | 8             |
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| <i>terbinafine hcl</i>                        | 5             | TRACLEER                                    | 53            |
| <i>terconazole</i>                            | 55            | TRADJENTA                                   | 44            |
| <i>teriflunomide</i>                          | 50            | <i>tramadol hcl</i>                         | 25            |
| <i>teriparatide</i>                           | 47            | <i>tramadol hcl er</i>                      | 24            |
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| <i>testosterone enanthate</i>                 | 42            | <i>trandolapril</i>                         | 22            |
| <i>testosterone pump</i>                      | 42            | <i>tranexamic acid</i>                      | 17            |
| <i>tetrabenazine</i>                          | 32            | <i>tranylcypromine sulfate</i>              | 32            |
| <i>tetracycline hydrochloride</i>             | 4             | TRAVASOL                                    | 35            |
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| <i>thiothixene</i>                            | 32            | TRESIBA                                     | 44            |
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| TICOVAC                                       | 15            | <i>triamcinolone acetonide</i>              | 56            |
| <i>timolol maleate</i>                        | 20            | <i>triamcinolone acetonide dental paste</i> | 56            |
| <i>timolol maleate</i>                        | 39            | <i>triamterene</i>                          | 35            |
| <i>timolol maleate ophthalmic gel forming</i> | 39            | <i>triamterene/hydrochlorothiazide</i>      | 35            |
| <i>tinidazole</i>                             | 6             | TRIANEX                                     | 56            |
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| TIVICAY                                       | 8             | <i>trientine hydrochloride</i>              | 41            |
| TIVICAY PD                                    | 8             | <i>trifluoperazine hcl</i>                  | 32            |
| <i>tizanidine hcl</i>                         | 16            | <i>trifluoperazine hydrochloride</i>        | 32            |
| <i>tizanidine hydrochloride</i>               | 16            | <i>trifluridine</i>                         | 37            |
| TOBI PODHALER                                 | 4             | <i>trihexyphenidyl hcl</i>                  | 28            |
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| <i>tobramycin</i>                             | 4             | <i>trimethoprim</i>                         | 8             |
| <i>tobramycin</i>                             | 37            | <i>trimipramine maleate</i>                 | 32            |
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| <i>tolterodine tartrate er</i>                | 58            | TRITOCIN                                    | 56            |
| <i>topiramate</i>                             | 26            | TRIUMEQ                                     | 8             |
| <i>topiramate er</i>                          | 26            | TRIUMEQ PD                                  | 8             |
| <i>toremifene citrate</i>                     | 46            | <i>trivora-28</i>                           | 45            |
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| TRUMENBA                                       | 15            | venlafaxine hcl er           | 32            |
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| TYMLOS                                         | 47            | verapamil hydrochloride      | 21            |
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| VALCHLOR                                       | 58            | vilazodone hydrochloride     | 32            |
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| valsartan                                      | 22            | VIVITROL                     | 29            |
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| VALTOCO 15 MG DOSE                             | 26            | voriconazole                 | 5             |
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| vancomycin hydrochloride                       | 4             | VRAYLAR                      | 32            |
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| varденаfil hydrochloride                       | 22            | vyfemla                      | 45            |
| varденаfil hydrochloride odt                   | 22            | VYNDAMAX                     | 52            |
| varenicline starting month box                 | 16            | VYNDAQEL                     | 52            |
| varenicline tartrate                           | 16            | VYVANSE                      | 25            |
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| velivet                                        | 45            | WELIREG                      | 13            |
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HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@point32health.org](mailto:civil_rights@point32health.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-609-0692. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-609-0692. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-609-0692。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-609-0692。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-609-0692. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-609-0692. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-609-0692 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-609-0692. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-609-0692 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-609-0692. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية. 1-888-609-0692 ليس عليك سوى الاتصال بنا على

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-609-0692 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-609-0692. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-609-0692. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-609-0692. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-609-0692. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-609-0692 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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This formulary was updated on 09/01/2023. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **[www.harvardpilgrim.org/stridedruglist](http://www.harvardpilgrim.org/stridedruglist)**.



**Harvard Pilgrim  
Health Care**

1 Wellness Way  
Canton, MA 02021

Harvard Pilgrim Health Care of New England, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-609-0692 (TTY: 711).