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| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Allergy</b>   |                            |  |
| <b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>                             |                            |  |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG                           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)                                      |
| <b>Allergenic Extracts, Therapeutics</b>   |                            |  |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU  | Tier 3 Preferred Brand     | PA   |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM  | Tier 3 Preferred Brand     | PA   |
| ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY                       | Tier 3 Preferred Brand     | PA   |
| ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)   | Tier 4 Non-Preferred Brand | PA   |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT   | Tier 3 Preferred Brand     | PA   |
| <b>Antihistamines - 1St Generation</b>   |                            |  |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                                       | Tier 2 Generic             | Age (Min 2 Years)  |
| <i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER) | Tier 2 Generic             | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>  | Tier 2 Generic             | Age (Min 2 Years)  |
| <i>clemastine oral tablet 2.68 mg</i>  | Tier 2 Generic             |  |
| <i>cycloheptadine oral syrup 2 mg/5 ml</i>   | Tier 2 Generic             |  |
| <i>cycloheptadine oral tablet 4 mg</i>   | Tier 2 Generic             |  |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)                                    | Tier 2 Generic             |  |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>  | Tier 2 Generic             |  |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                   | Tier 2 Generic             |  |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                             | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| KARBINAL ER ORAL<br>SUSPENSION, EXTENDED REL 12 HR<br>4 MG/5 ML (carbinoxamine maleate) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)  |
| PHENERGAN INJECTION SOLUTION<br>25 MG/ML, 50 MG/ML (promethazine)                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)                   | Tier 2 Generic             |   |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>   | Tier 2 Generic             |   |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                                   | Tier 2 Generic             |   |
| <b>Antihistamines - 2Nd Generation</b>  |                            |   |
| <i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))                   | Tier 2 Generic             |   |

| Drug  |                       | Status                     | Notes  |
|---|-----------------------|----------------------------|--|
| CLARINEX ORAL TABLET 5 MG   | (desloratadine)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>desloratadine oral tablet 5 mg</i>                                   | (Clarinet)            | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>           |                       | Tier 2 Generic             | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)  |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                         | (Xyzal)               | Tier 2 Generic             | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)   |
| <i>levocetirizine oral tablet 5 mg</i>                                  | (24HR Allergy Relief) | Tier 2 Generic             |  |
| <b>Nasal Antihistamine</b>  |                       |                            |  |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>              |                       | Tier 2 Generic             | QL (60 ML per 30 days)   |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>           | (Astepro Allergy)     | Tier 2 Generic             | QL (60 ML per 30 days)   |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>                       |                       | Tier 2 Generic             | QL (30.5 GM per 30 days)   |
| <b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>             |                       |                            |  |
| <i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> | (Dymista)             | Tier 2 Generic             | ST: Requires prior prescription for Fluticasone or Flunisolide (nasal formulation) within the past 120 days; QL (23 GM per 30 days)  |

| Drug   |                              | Status                     | Notes  |
|--|------------------------------|----------------------------|--|
| DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY                      | (azelastine-fluticasone)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Fluticasone or Flunisolide (nasal formulation) within the past 120 days; QL (23 GM per 30 days) |
| <b>Nasal Anti-Inflammatory Steroids</b>                                |                              |                            |  |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>           |                              | Tier 2 Generic             | QL (25 ML per 30 days)   |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> | (24 Hour Allergy Relief)     | Tier 2 Generic             | QL (16 GM per 30 days)   |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>            | (Allergy Nasal (mometasone)) | Tier 2 Generic             | QL (17 GM per 30 days)   |
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG                                |                              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)   |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION                       |                              | Tier 3 Preferred Brand     | ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)   |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION                       |                              | Tier 3 Preferred Brand     | ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION       | Tier 3 Preferred Brand     | ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)   |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Fluticasone or Flunisolide within the past 120 days; QL (6.1 GM per 30 days)   |
| <b>Antiemesis/Antivertigo</b>                                |                            |  |
| <b>Antiemetic, Cannabinoid-Type</b>                          |                            |  |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i> | Tier 2 Generic             | ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)  |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SYNDROS ORAL SOLUTION 5 MG/ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)  |
| <b>Antiemetic/Antivertigo Agents</b>                                    |                            |   |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                            | Tier 3 Preferred Brand     | QL (1 EA per 28 days)   |
| <i>aprepitant oral capsule 125 mg</i>                                   | Tier 2 Generic             | QL (1 EA per 21 days)   |
| <i>aprepitant oral capsule 40 mg</i>                                    | Tier 2 Generic             | QL (1 EA per 28 days)   |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                            | Tier 2 Generic             | QL (2 EA per 21 days)   |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | Tier 2 Generic             | QL (3 EA per 21 days)   |
| COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| COMPAZINE RECTAL SUPPOSITORY (prochlorperazine) 25 MG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                          |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)   | Tier 2 Generic             |  |
| DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 EA per 30 days) |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis) | Tier 2 Generic             | QL (120 EA per 30 days)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| EMEND ORAL CAPSULE 80 MG (aprepitant)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 21 days) |
| EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 21 days) |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | Tier 3 Preferred Brand     | QL (3 EA per 21 days)  |
| <i>granisetron hcl oral tablet 1 mg</i>                                 | Tier 2 Generic             | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)   |
| <i>meclizine oral tablet 12.5 mg</i>                                    | Tier 2 Generic             |  |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))              | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                    | Tier 2 Generic             | QL (50 ML per 15 days)  |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                     | Tier 2 Generic             |   |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                         | Tier 2 Generic             |   |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)               | Tier 2 Generic             |   |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                         | Tier 2 Generic             |   |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)        | Tier 2 Generic             |   |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)               | Tier 2 Generic             |   |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR                                   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)   |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | Tier 2 Generic             |   |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>trimethobenzamide oral capsule 300 mg</i>                                      | Tier 2 Generic             |   |
| VARUBI ORAL TABLET 90 MG  | Tier 4 Non-Preferred Brand | QL (2 EA per 14 days)   |
| <b>Asthma And Copd</b>  |                            |   |
| <b>Anticholinergic, Orally Inhaled Short Acting</b>                               |                            |   |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                      | Tier 3 Preferred Brand     | QL (25.8 GM per 30 days)  |

| Drug   | Status                                 | Notes   |
|--|--|---|
| <i>ipratropium bromide inhalation solution</i><br>0.02 %                           | Tier 2 Generic                         |   |
| <b>Anticholinergics, Orally Inhaled Long Acting</b>                                |  |   |
| INCRUSE ELLIPTA INHALATION<br>BLISTER WITH DEVICE 62.5<br>MCG/ACTUATION            | Tier 4 Non-Preferred Brand             | ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)  |
| SPIRIVA RESPIMAT INHALATION<br>MIST 1.25 MCG/ACTUATION, 2.5<br>MCG/ACTUATION       | Tier 3 Preferred Brand                 | QL (4 GM per 30 days)   |
| SPIRIVA WITH HANDIHALER<br>INHALATION CAPSULE,<br>W/INHALATION DEVICE 18 MCG       | (tiotropium bromide)<br>Tier 2 Generic | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days) |
| TUDORZA PRESSAIR INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 400 MCG/ACTUATION | Tier 4 Non-Preferred Brand             | ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)   |
| YUPELRI INHALATION SOLUTION<br>FOR NEBULIZATION 175 MCG/3 ML                       | Tier 4 Non-Preferred Brand             | ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)  |
| <b>Beta-Adrenergic Agents</b>  |  |   |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                      | Tier 2 Generic                         |   |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                    | Tier 2 Generic                         |   |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>             | Tier 2 Generic                         |   |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>  | Tier 2 Generic                         |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>   |                            |   |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)  | Tier 2 Generic             |   |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 2 Generic             |   |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>                    | Tier 2 Generic             |   |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)   | Tier 2 Generic             |   |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| XOPENEX HFA INHALATION HFA (levalbuterol tartrate)<br>AEROSOL INHALER 45<br>MCG/ACTUATION | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>                                 |                            |   |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                      | Tier 3 Preferred Brand     | QL (4 GM per 30 days)   |
| <b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>                                |                            |   |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)            | Tier 2 Generic             | ST: Requires prior prescription for Serevent, Striverdi, Perforomist within the past 120 days; QL (120 ML per 30 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| BROVANA INHALATION SOLUTION (arformoterol)<br>FOR NEBULIZATION 15 MCG/2 ML                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Serevent, Striverdi, Perforomist within the past 120 days; QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist) | Tier 2 Generic             | QL (120 ML per 30 days)   |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 ML per 30 days)  |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                                | Tier 3 Preferred Brand     | QL (60 EA per 30 days)  |

| Drug  |                                  | Status                     | Notes   |
|---|----------------------------------|----------------------------|---|
| <b>Beta-Adrenergic And Anticholinergic Combinations</b>   |                                  |                            |   |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION  | (umeclidinium-vilanterol)        | Tier 3 Preferred Brand     | QL (60 EA per 30 days)  |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG   |                                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)  |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION   |                                  | Tier 3 Preferred Brand     |   |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION                           |                                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)   |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>           |                                  | Tier 2 Generic             |   |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION  |                                  | Tier 3 Preferred Brand     | QL (4 GM per 30 days)   |
| <b>Beta-Adrenergic And Glucocorticoid Combinations</b>  |                                  |                            |   |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE            | (fluticasone propion-salmeterol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | (fluticasone propion-salmeterol) | Tier 3 Preferred Brand     | QL (12 GM per 30 days)  |





| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (13 GM per 30 days)   |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)  |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)                               | Tier 2 Generic             | QL (60 EA per 30 days)  |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30.9 GM per 30 days) |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)                                      | Tier 2 Generic             | QL (60 EA per 30 days)  |
| <b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>   |                            |   |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION   | Tier 3 Preferred Brand     | QL (10.7 GM per 30 days)  |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG  | Tier 3 Preferred Brand     | QL (60 EA per 30 days)  |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Glucocorticoids, Orally Inhaled</b>  |                            |  |
| ALVESCO INHALATION HFA<br>AEROSOL INHALER 160<br>MCG/ACTUATION, 80<br>MCG/ACTUATION   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days) |
| ARMONAIR DIGIHALER INHALATION<br>AERO POWDR BREATH ACT<br>W/SENSOR 113 MCG/ACTUATION,<br>232 MCG/ACTUATION  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)    |
| ARNUITY ELLIPTA INHALATION<br>BLISTER WITH DEVICE 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION   | Tier 3 Preferred Brand     | QL (30 EA per 30 days)   |
| ASMANEX HFA INHALATION HFA<br>AEROSOL INHALER 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)   |
| ASMANEX TWISTHALER INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 110 MCG/ ACTUATION<br>(30), 220 MCG/ ACTUATION (120), 220<br>MCG/ ACTUATION (30), 220 MCG/<br>ACTUATION (60) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)    |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)   | Tier 2 Generic             | QL (120 ML per 30 days)  |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>  | Tier 2 Generic             | QL (60 EA per 30 days)   |
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>  | Tier 2 Generic             | QL (120 EA per 30 days)  |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>  | Tier 2 Generic             | QL (12 GM per 30 days)   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>  | Tier 2 Generic             | QL (24 GM per 30 days)   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>   | Tier 2 Generic             | QL (21.2 GM per 30 days)   |
| PULMICORT FLEXHALER<br>INHALATION AEROSOL POWDR<br>BREATH ACTIVATED 180<br>MCG/ACTUATION, 90<br>MCG/ACTUATION   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)    |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| PULMICORT INHALATION (budesonide)<br>SUSPENSION FOR NEBULIZATION<br>0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 ML per 30 days) |
| QVAR REDHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 40<br>MCG/ACTUATION, 80<br>MCG/ACTUATION        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)   |
| <b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>  |                            |  |
| DUPIXENT PEN SUBCUTANEOUS<br>PEN INJECTOR 200 MG/1.14 ML, 300<br>MG/2 ML                                 | Tier 5 Specialty           | PA; SP   |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 200<br>MG/1.14 ML, 300 MG/2 ML                                  | Tier 5 Specialty           | PA; SP   |
| <b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>  |                            |  |
| FASENRA PEN SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/ML   | Tier 5 Specialty           | PA; SP   |
| FASENRA SUBCUTANEOUS SYRINGE<br>10 MG/0.5 ML, 30 MG/ML   | Tier 5 Specialty           | PA; SP   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Leukotriene Receptor Antagonists</b>                  |                            |   |
| ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| montelukast oral granules in packet 4 mg (Singulair)     | Tier 2 Generic             |   |
| montelukast oral tablet 10 mg (Singulair)                | Tier 2 Generic             |   |
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair) | Tier 2 Generic             |   |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug                                      |               | Status                     | Notes   |
|---|---------------|----------------------------|---|
| SINGULAIR ORAL TABLET 10 MG               | (montelukast) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG | (montelukast) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| zafirlukast oral tablet 10 mg, 20 mg      | (Accolate)    | Tier 2 Generic             |   |
| <b>Mast Cell Stabilizers</b>              |               |                            |   |
| cromolyn oral concentrate 100 mg/5 ml     | (Gastrocrom)  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| GASTROCROM ORAL CONCENTRATE (cromolyn)<br>100 MG/5 ML                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Mast Cell Stabilizers, Orally Inhaled</b>                           |                            |   |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>        | Tier 2 Generic             |   |
| <b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>                  |                            |   |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | Tier 5 Specialty           | PA; SP  |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                  | Tier 5 Specialty           | PA; SP  |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML       | Tier 5 Specialty           | PA; SP  |
| <b>Monoclonal Antibody - Interleukin-5 Antagonists</b>                 |                            |   |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML                                  | Tier 5 Specialty           | PA; SP  |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                            | Tier 5 Specialty           | PA; SP  |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                  | Tier 5 Specialty           | PA; SP  |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML                    | Tier 5 Specialty           | PA; SP  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| Phosphodiesterase-4 (Pde4) Inhibitors                            |                            |  |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML     | Tier 4 Non-Preferred Brand | PA   |
| roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)              | Tier 2 Generic             | QL (1 EA per 1 day)  |
| Respiratory Aids, Devices, Equipment                             |                            |  |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)  | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device) | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER MINI SPACER (inhalational spacing device)            | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER MV SPACER (inhalational spacing device)              | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)    | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER                            | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER                            | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER                            | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER                            | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER                            | Tier 4 Non-Preferred Brand |  |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER                            | Tier 4 Non-Preferred Brand |  |



| Drug                                  |                               | Status                     | Notes |
|---------------------------------------|-------------------------------|----------------------------|-------|
| AEROCHAMBER PLUS Z STAT SPACER        | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| AEROTRACH PLUS SPACER                 | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| AEROVENT PLUS SPACER                  | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| BREATHERITE MDI SPACER SPACER         | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| BREATHERITE SPACER-MASK, NEO. SPACER  |                               | Tier 4 Non-Preferred Brand |       |
| BREATHERITE SPACER-MASK,ADULT SPACER  |                               | Tier 4 Non-Preferred Brand |       |
| BREATHERITE SPACER-MASK,CHILD SPACER  |                               | Tier 4 Non-Preferred Brand |       |
| BREATHERITE SPACER-MASK,INFANT SPACER |                               | Tier 4 Non-Preferred Brand |       |
| BREATHERITE SPACER-MASK,S.CHLD SPACER |                               | Tier 4 Non-Preferred Brand |       |
| BREATHERITE VALVED MDI CHAMBER SPACER | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| BREATHERITE VALVED MDI SPACER SPACER  | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER |                               | Tier 4 Non-Preferred Brand |       |
| CLEVER CHOICE CHAMBER-MED MASK SPACER |                               | Tier 4 Non-Preferred Brand |       |
| CLEVER CHOICE CHAMBER-SM MASK SPACER  |                               | Tier 4 Non-Preferred Brand |       |
| COMFORTSEAL LARGE MASK DEVICE         |                               | Tier 4 Non-Preferred Brand |       |
| COMFORTSEAL MEDIUM MASK DEVICE        |                               | Tier 4 Non-Preferred Brand |       |
| COMFORTSEAL SMALL MASK DEVICE         |                               | Tier 4 Non-Preferred Brand |       |
| COMPACT SPACE CHAMBER SPACER          | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| COMPACT SPACE CHAMBER-LRG MASK SPACER |                               | Tier 4 Non-Preferred Brand |       |
| COMPACT SPACE CHAMBER-MED MASK SPACER |                               | Tier 4 Non-Preferred Brand |       |
| COMPACT SPACE CHAMBER-SM MASK SPACER  |                               | Tier 4 Non-Preferred Brand |       |
| EASIVENT HOLDING CHAMBER SPACER       | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |

| Drug                                  |                               | Status                     | Notes |
|---------------------------------------|-------------------------------|----------------------------|-------|
| EASIVENT MASK LARGE DEVICE            |                               | Tier 4 Non-Preferred Brand |       |
| EASIVENT MASK MEDIUM DEVICE           |                               | Tier 4 Non-Preferred Brand |       |
| EASIVENT MASK SMALL DEVICE            |                               | Tier 4 Non-Preferred Brand |       |
| FLEXICHAMBER SPACER                   | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| FLEXICHAMBER-LG CHILD MASK DEVICE     |                               | Tier 4 Non-Preferred Brand |       |
| FLEXICHAMBER-SM ADULT MASK DEVICE     |                               | Tier 4 Non-Preferred Brand |       |
| FLEXICHAMBER-SM CHILD MASK DEVICE     |                               | Tier 4 Non-Preferred Brand |       |
| INSPIRACHAMBER SPACER                 | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| INSPIRACHAMBER WITH MASK-LARGE SPACER |                               | Tier 4 Non-Preferred Brand |       |
| INSPIRACHAMBER WITH MASK-MED SPACER   |                               | Tier 4 Non-Preferred Brand |       |
| INSPIRACHAMBER WITH MASK-SMALL SPACER |                               | Tier 4 Non-Preferred Brand |       |
| LITE TOUCH-MEDIUM MASK DEVICE         |                               | Tier 4 Non-Preferred Brand |       |
| LITEAIRE MDI CHAMBER SPACER           | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| LITETOUCH-LARGE MASK DEVICE           |                               | Tier 4 Non-Preferred Brand |       |
| LITETOUCH-SMALL MASK DEVICE           |                               | Tier 4 Non-Preferred Brand |       |
| MICROCHAMBER SPACER                   | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| MICROSPACER SPACER                    | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| OPTICHAMBER ADULT MASK-LARGE DEVICE   |                               | Tier 4 Non-Preferred Brand |       |
| OPTICHAMBER DIAMOND LG MASK SPACER    |                               | Tier 4 Non-Preferred Brand |       |
| OPTICHAMBER DIAMOND VHC SPACER        | (inhalational spacing device) | Tier 4 Non-Preferred Brand |       |
| OPTICHAMBER DIAMOND-MED MSK SPACER    |                               | Tier 4 Non-Preferred Brand |       |
| OPTICHAMBER DIAMOND-SML MASK SPACER   |                               | Tier 4 Non-Preferred Brand |       |
| PFLEX INSPIRATORY TRAINER DEVICE      |                               | Tier 4 Non-Preferred Brand |       |

| Drug  |                               | Status                     | Notes  |
|---|-------------------------------|----------------------------|--------|
| POCKET CHAMBER SPACER   | (inhalational spacing device) | Tier 4 Non-Preferred Brand |        |
| PRIMEAIRE SPACER  | (inhalational spacing device) | Tier 4 Non-Preferred Brand |        |
| PROCARE SPACER WITH ADULT MASK SPACER                         |                               | Tier 4 Non-Preferred Brand |        |
| PROCARE SPACER WITH CHILD MASK SPACER                         |                               | Tier 4 Non-Preferred Brand |        |
| PROCHAMBER SPACER   | (inhalational spacing device) | Tier 4 Non-Preferred Brand |        |
| RITEFLO AEROCHAMBER SPACER                                    | (inhalational spacing device) | Tier 4 Non-Preferred Brand |        |
| SILICONE MASK - INFANT DEVICE                                 |                               | Tier 4 Non-Preferred Brand |        |
| SPACE CHAMBER SPACER  | (inhalational spacing device) | Tier 4 Non-Preferred Brand |        |
| SPACE CHAMBER WITH LARGE MASK SPACER                          |                               | Tier 4 Non-Preferred Brand |        |
| SPACE CHAMBER WITH MEDIUM MASK SPACER                         |                               | Tier 4 Non-Preferred Brand |        |
| SPACE CHAMBER WITH SMALL MASK SPACER                          |                               | Tier 4 Non-Preferred Brand |        |
| THRESHOLD IMT TRAINER DEVICE                                  |                               | Tier 4 Non-Preferred Brand |        |
| THRESHOLD PEP DEVICE DEVICE                                   |                               | Tier 4 Non-Preferred Brand |        |
| VORTEX HOLDING CHAMBER SPACER                                 | (inhalational spacing device) | Tier 4 Non-Preferred Brand |        |
| VORTEX VHC FROG MASK-CHILD SPACER                             |                               | Tier 4 Non-Preferred Brand |        |
| VORTEX VHC LADYBUG MASK-TODDLER SPACER                        |                               | Tier 4 Non-Preferred Brand |        |
| VORTEX VHC PEDIATRIC MASK SPACER                              |                               | Tier 4 Non-Preferred Brand |        |
| <b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>         |                               |                            |        |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) |                               | Tier 5 Specialty           | PA; SP |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)      |                               | Tier 5 Specialty           | PA; SP |
| <b>Xanthines</b>  |                               |                            |        |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>   |                               | Tier 2 Generic             |        |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML                          | (theophylline)                | Tier 2 Generic             |        |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG             | Tier 3 Preferred Brand     |   |
| <i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)                            | Tier 2 Generic             |   |
| <i>theophylline oral solution 80 mg/15 ml</i>   | Tier 2 Generic             |   |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 2 Generic             |   |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                 | Tier 2 Generic             |   |
| <b>Autonomic Nervous System Disorders</b>   |                            |   |
| <b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>                                 |                            |   |
| <i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>                    | Tier 2 Generic             | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)  |
| <i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)                      | Tier 2 Generic             | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)  |
| <i>memantine oral solution 2 mg/ml</i>  | Tier 2 Generic             | QL (300 ML per 30 days)   |
| <i>memantine oral tablet 10 mg, 5 mg</i>  | Tier 2 Generic             | QL (60 EA per 30 days)  |
| <i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)               | Tier 2 Generic             | QL (49 EA per 28 days)  |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (49 EA per 28 days) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NAMENDA XR ORAL<br>CAP,SPRINKLE,ER 24HR DOSE PACK<br>7-14-21-28 MG                               | Tier 3 Preferred<br>Brand  | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)  |
| NAMENDA XR ORAL (memantine)<br>CAPSULE,SPRINKLE,ER 24HR 7 MG                                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days) |
| <b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>                                    |                            |   |
| <i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric) | Tier 2 Generic             | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| NAMZARIC ORAL<br>CAPSULE,SPRINKLE,ER 24HR 14-10<br>MG, 28-10 MG (memantine-donepezil) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day) |
| NAMZARIC ORAL<br>CAPSULE,SPRINKLE,ER 24HR 21-10<br>MG (memantine-donepezil)           | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)  |
| NAMZARIC ORAL<br>CAPSULE,SPRINKLE,ER 24HR 7-10<br>MG                                  | Tier 3 Preferred Brand     | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)  |
| <b>Amyloid Directed Monoclonal Antibody</b>   |                            |   |
| ADUHELM INTRAVENOUS SOLUTION<br>100 MG/ML   | Tier 5 Specialty           | PA; SP  |
| LEQEMBI INTRAVENOUS SOLUTION<br>100 MG/ML   | Tier 5 Specialty           | PA; SP  |
| <b>Cholinesterase Inhibitors</b>  |                            |   |
| ADLARITY TRANSDERMAL PATCH<br>WEEKLY 10 MG/24 HOUR, 5 MG/24<br>HOUR                   | Tier 4 Non-Preferred Brand | PA  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                         |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)   | Tier 2 Generic             |   |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>  | Tier 2 Generic             |   |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days) |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                            | Tier 2 Generic             | QL (30 EA per 30 days)  |
| <i>galantamine oral solution 4 mg/ml</i>  | Tier 2 Generic             | QL (200 ML per 30 days)   |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>  | Tier 2 Generic             | QL (60 EA per 30 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MESTINON TIMESPAN ORAL TABLET (pyridostigmine bromide)<br>EXTENDED RELEASE 180 MG                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)   | Tier 2 Generic             |   |
| pyridostigmine bromide oral tablet 30 mg  | Tier 2 Generic             |   |
| pyridostigmine bromide oral tablet 60 mg (Mestinon)   | Tier 2 Generic             |   |
| pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)                        | Tier 2 Generic             |   |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg   | Tier 2 Generic             |   |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch) | Tier 2 Generic             | QL (30 EA per 30 days)  |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG                                       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)  |
| <b>Neonatal Fc Receptor (FcRn) Inhibitors</b>   |                            |   |
| RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML  | Tier 5 Specialty           | PA; SP  |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML                                     | Tier 5 Specialty           | PA; SP  |
| VYVGART INTRAVENOUS SOLUTION 20 MG/ML   | Tier 5 Specialty           | PA; SP  |
| <b>Behavioral Health - Antidepressants</b>  |                            |   |
| <b>Alpha-2 Receptor Antagonist Antidepressants</b>  |                            |   |
| mirtazapine oral tablet 15 mg, 30 mg (Remeron)  | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>  | Tier 2 Generic             |   |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | Tier 2 Generic             |   |
| REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antidepressant - Nmda Receptor Antagonist</b>                                    |                            |   |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)       | Tier 5 Specialty           | PA; SP  |
| <b>Antidepressant - Postpartum Depression (Ppd)</b>                                 |                            |   |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML   | Tier 4 Non-Preferred Brand | PA; SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG          | Tier 5 Specialty           | PA; SP  |
| <b>Maois - Non-Selective &amp; Irreversible</b>    |                            |   |
| MARPLAN ORAL TABLET 10 MG                          | Tier 4 Non-Preferred Brand |   |
| NARDIL ORAL TABLET 15 MG (phenelzine)              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PARNATE ORAL TABLET 10 MG (tranylcypromine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)       | Tier 2 Generic             |   |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate) | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Monoamine Oxidase(Mao) Inhibitors</b>  |                            |   |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)   |
| <b>Ndma Receptor Antagonist And Ndri Comb</b>   |                            |   |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days  |
| <b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>                                       |                            |   |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>  | Tier 2 Generic             |   |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)          | Tier 2 Generic             |   |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Tier 2 Generic             |   |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| WELLBUTRIN XL ORAL TABLET (bupropion hcl)<br>EXTENDED RELEASE 24 HR 150 MG,<br>300 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>                                 |                            |   |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>citalopram oral solution 10 mg/5 ml</i>  | Tier 2 Generic             |   |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)                            | Tier 2 Generic             |   |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                   | Tier 2 Generic             |   |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                  | Tier 2 Generic             |   |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                           | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>                                | Tier 2 Generic             |   |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>  | Tier 2 Generic             |   |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>   | Tier 2 Generic             |   |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>                       | Tier 2 Generic             | ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)  |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>   | Tier 2 Generic             |   |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                    | Tier 2 Generic             |   |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | Tier 2 Generic             |   |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| PAXIL CR ORAL TABLET EXTENDED (paroxetine hcl)<br>RELEASE 24 HR 12.5 MG, 25 MG, 37.5<br>MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>sertraline oral capsule 150 mg, 200 mg</i>                 | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)   |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)          | Tier 2 Generic             |   |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)   | Tier 2 Generic             |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>           |                            |   |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 2 Generic             |   |
| RALDESY ORAL SOLUTION 10 MG/ML                                      | Tier 4 Non-Preferred Brand | PA  |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>          | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>  |                            |   |
| CYMBALTA ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 20 MG, 30 MG, 60<br>MG (duloxetine)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                            | Tier 2 Generic             | ST: At least 2 prior prescriptions for generic Paroxetine HCL, Venlafaxine ER/IR, Fluoxetine, Citalopram, Sertraline, Escitalopram, Mirtazapine, or Bupropion within the past 365 days; QL (1 EA per 1 day)   |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | Tier 2 Generic             |   |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)             | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| EFFEXOR XR ORAL (venlafaxine)<br>CAPSULE,EXTENDED RELEASE 24HR<br>150 MG, 37.5 MG, 75 MG         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| FETZIMA ORAL CAPSULE,EXT REL<br>24HR DOSE PACK 20 MG (2)- 40 MG<br>(26), 20 MG (2)- 40 MG (5)    | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| FETZIMA ORAL CAPSULE,EXTENDED<br>RELEASE 24 HR 120 MG, 20 MG, 40<br>MG, 80 MG                    | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| PRISTIQ ORAL TABLET EXTENDED<br>RELEASE 24 HR 100 MG, 25 MG, 50<br>MG (desvenlafaxine succinate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>venlafaxine oral capsule,extended<br/>release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)    | Tier 2 Generic             |   |
| <i>venlafaxine oral tablet 100 mg, 25 mg,<br/>37.5 mg, 50 mg, 75 mg</i>                          | Tier 2 Generic             |   |
| <i>venlafaxine oral tablet extended release<br/>24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>          | Tier 2 Generic             |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>                                    |                            |  |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                               | Tier 2 Generic             | ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days  |
| <b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>                             |                            |  |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| <b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>                                 |                            |  |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                     | Tier 2 Generic             |  |
| <b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>                                  |                            |  |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>               |                            |   |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 2 Generic             |   |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                   | Tier 2 Generic             |   |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)            | Tier 2 Generic             |   |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                     | Tier 2 Generic             |   |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                 | Tier 2 Generic             |   |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>      | Tier 2 Generic             |   |
| <i>doxepin oral concentrate 10 mg/ml</i>                                    | Tier 2 Generic             |   |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                       | Tier 2 Generic             |   |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>        | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | Tier 2 Generic             |   |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                          | Tier 2 Generic             |   |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                           | Tier 2 Generic             |   |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Behavioral Health - Other</b>   |                            |  |
| <b>Adrenergics, Aromatic, Non-Catecholamine</b>  |                            |  |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| ADDERALL XR ORAL (dextroamphetamine-amphetamine)<br>CAPSULE,EXTENDED RELEASE 24HR<br>20 MG, 25 MG, 30 MG      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)     |
| ADZENYS XR-ODT ORAL<br>TABLET,DISINTEG ER BIPHASE 24H<br>12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG,<br>6.3 MG, 9.4 MG | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)  |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)   | Tier 2 Generic             | PA   |
| DESOXYN ORAL TABLET 5 MG (methamphetamine)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (150 EA per 30 days) |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG</b><br>(dextroamphetamine sulfate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i><br>(Dexedrine Spansule) | Tier 2 Generic             | QL (60 EA per 30 days)  |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                         | Tier 2 Generic             | QL (120 EA per 30 days)   |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                          | Tier 2 Generic             | QL (60 EA per 30 days)  |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i><br>(ProCentra)                       | Tier 2 Generic             | QL (1800 ML per 30 days)  |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i><br>(Zenzedi)                               | Tier 2 Generic             | QL (180 EA per 30 days)   |
| <i>dextroamphetamine sulfate oral tablet 15 mg</i><br>(Zenzedi)                               | Tier 2 Generic             | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)   |
| <i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i><br>(Zenzedi)                      | Tier 2 Generic             | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)  | Tier 2 Generic             | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)  | Tier 2 Generic             | QL (90 EA per 30 days)  |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis) | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)      | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)     | Tier 2 Generic             | QL (2 EA per 1 day)   |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)  | Tier 2 Generic             | QL (2 EA per 1 day)   |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)   |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG                                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)  | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                  |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)          | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)        | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn)   | Tier 2 Generic             | QL (150 EA per 30 days)  |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug   |                             | Status                     | Notes   |
|--|-----------------------------|----------------------------|---|
| PROCENTRA ORAL SOLUTION 5 MG/5 ML                                    | (dextroamphetamine sulfate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1800 ML per 30 days) |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | (lisdexamfetamine)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)      |
| VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG                     | (lisdexamfetamine)          | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| VYVANSE ORAL TABLET,CHEWABLE (lisdexamfetamine)<br>40 MG, 50 MG, 60 MG                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)     |
| XELSTRYM TRANSDERMAL PATCH<br>24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)   |
| ZENZEDI ORAL TABLET 10 MG (dextroamphetamine sulfate)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 EA per 30 days) |

| Drug                               |                             | Status                     | Notes  |
|------------------------------------|-----------------------------|----------------------------|--|
| ZENZEDI ORAL TABLET 15 MG          | (dextroamphetamine sulfate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG | (dextroamphetamine sulfate) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| ZENZEDI ORAL TABLET 5 MG (dextroamphetamine sulfate)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days)  |
| <b>Anti-Alcoholic Preparations</b>                             |                            |  |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | Tier 2 Generic             |  |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                   | Tier 2 Generic             |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VIVITROL INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 380 MG                        | Tier 5 Specialty           | SP  |
| <b>Anti-Anxiety - Benzodiazepines</b>  |                            |   |
| ALPRAZOLAM INTENSOL ORAL<br>CONCENTRATE 1 MG/ML  | Tier 3 Preferred<br>Brand  |   |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)                        | Tier 2 Generic             |   |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR) | Tier 2 Generic             |   |
| <i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                 | Tier 2 Generic             |   |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                              | Tier 2 Generic             |   |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                        | Tier 2 Generic             |   |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)                                    | Tier 2 Generic             |   |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)                             | Tier 2 Generic             |   |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>             | Tier 2 Generic             |   |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                                   | Tier 2 Generic             |   |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)                                  | Tier 2 Generic             |   |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)                           | Tier 2 Generic             |   |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)                                 | Tier 2 Generic             |   |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>   | Tier 2 Generic             |   |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| XANAX XR ORAL TABLET EXTENDED (alprazolam)<br>RELEASE 24 HR 0.5 MG, 1 MG, 2 MG,<br>3 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Anti-Anxiety Drugs</b>   |                            |   |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                          | Tier 2 Generic             |   |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>   | Tier 2 Generic             |   |
| <b>Anti-Mania Drugs</b>   |                            |   |
| EQUETRO ORAL CAPSULE, ER<br>MULTIPHASE 12 HR 100 MG, 200 MG,<br>300 MG                  | Tier 4 Non-Preferred Brand |   |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                            | Tier 2 Generic             |   |
| <i>lithium carbonate oral tablet 300 mg</i>   | Tier 2 Generic             |   |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)                 | Tier 2 Generic             |   |
| <i>lithium carbonate oral tablet extended release 450 mg</i>                            | Tier 2 Generic             |   |
| <i>lithium citrate oral solution 8 meq/5 ml</i>   | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LITHOBID ORAL TABLET EXTENDED (lithium carbonate)<br>RELEASE 300 MG            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>                 |                            |   |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | Tier 5 Specialty           | PA; SP  |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM          | Tier 5 Specialty           | PA; SP  |
| <b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>                    |                            |   |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | Tier 2 Generic             |   |
| <b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>                      |                            |   |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| <b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>                      |                            |   |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML  | Tier 5 Specialty           | SP; QL (2.4 ML per 42 days)   |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML  | Tier 5 Specialty           | SP; QL (3.2 ML per 42 days)   |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG   | Tier 5 Specialty           | SP; QL (1 EA per 26 days)   |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG  | Tier 5 Specialty           | SP; QL (1 EA per 26 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>aripiprazole oral solution 1 mg/ml</i>  | Tier 2 Generic             | ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days  |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | Tier 2 Generic             |   |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>                            | Tier 2 Generic             | ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day)   |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>                            | Tier 2 Generic             | ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)   |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML      | Tier 5 Specialty           | SP  |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML           | Tier 5 Specialty           | SP; QL (3.9 ML per 14 days)   |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML             | Tier 5 Specialty           | SP; QL (1.6 ML per 14 days)   |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML             | Tier 5 Specialty           | SP; QL (2.4 ML per 14 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML                | Tier 5 Specialty           | SP; QL (3.2 ML per 14 days)   |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days   |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                        | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)            | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| <b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>                        |                            |   |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG                            | Tier 5 Specialty           |   |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                   | Tier 2 Generic             |   |
| <b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>                      |                            |   |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)           | Tier 2 Generic             | QL (2 EA per 1 day)   |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)  |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)               | Tier 2 Generic             |   |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 2 Generic             | QL (3 EA per 1 day)   |
| CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)                                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status           | Notes   |
|---|------------------|---|
| ERZOFRI INTRAMUSCULAR SYRINGE<br>117 MG/0.75 ML | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.75 ML per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE<br>156 MG/ML      | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 21 days)    |

| Drug  | Status           | Notes   |
|---|------------------|---|
| ERZOFRI INTRAMUSCULAR SYRINGE<br>234 MG/1.5 ML  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1.5 ML per 21 days)  |
| ERZOFRI INTRAMUSCULAR SYRINGE<br>351 MG/2.25 ML | Tier 5 Specialty | SP; QL (1 ML per 21 days)   |
| ERZOFRI INTRAMUSCULAR SYRINGE<br>39 MG/0.25 ML  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.25 ML per 21 days) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| ERZOFRI INTRAMUSCULAR SYRINGE<br>78 MG/0.5 ML                    | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.5 ML per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG    | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)   |
| FANAPT ORAL TABLETS,DOSE PACK<br>1MG(2)-2MG(2)- 4MG(2)-6MG(2)    | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days)   |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                              |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML               | Tier 5 Specialty           | SP; QL (3.5 ML per 166 days)   |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML                 | Tier 5 Specialty           | SP; QL (5 ML per 166 days)   |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML               | Tier 5 Specialty           | SP; QL (0.75 ML per 21 days)   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                    | Tier 5 Specialty           | SP; QL (1 ML per 21 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML   | Tier 5 Specialty           | SP; QL (1.5 ML per 21 days)   |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML   | Tier 5 Specialty           | SP; QL (0.25 ML per 21 days)  |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML    | Tier 5 Specialty           | SP; QL (0.5 ML per 21 days)   |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 273 MG/0.88 ML       | Tier 5 Specialty           | SP; QL (88 ML per 70 days)  |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 410 MG/1.32 ML       | Tier 5 Specialty           | SP; QL (1.32 ML per 70 days)  |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 546 MG/1.75 ML       | Tier 5 Specialty           | SP; QL (1.75 ML per 70 days)  |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 819 MG/2.63 ML       | Tier 5 Specialty           | SP; QL (2.63 ML per 70 days)  |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LATUDA ORAL TABLET 80 MG (lurasidone)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days) |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)                                       | Tier 2 Generic             | QL (30 EA per 30 days)  |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)   | Tier 2 Generic             | QL (60 EA per 30 days)  |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG  | Tier 4 Non-Preferred Brand | PA  |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>   | Tier 2 Generic             |   |
| <i>olanzapine oral tablet 20 mg</i> (Zyprexa)  | Tier 2 Generic             |   |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>                                  | Tier 2 Generic             |   |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>   | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)                                | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)                                      | Tier 2 Generic             | QL (2 EA per 1 day)   |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG                                      | Tier 5 Specialty           | SP; QL (1 EA per 28 days)   |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                    | Tier 2 Generic             |   |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| RISPERDAL CONSTA (risperidone microspheres)<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 12.5 MG/2 ML, 25 MG/2 ML,<br>37.5 MG/2 ML, 50 MG/2 ML | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 14 days) |
| RISPERDAL ORAL SOLUTION 1 (risperidone)<br>MG/ML   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                            |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta) | Tier 5 Specialty           | SP; QL (1 EA per 14 days)  |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)  | Tier 2 Generic             |  |
| <i>risperidone oral tablet 0.25 mg</i>  | Tier 2 Generic             |  |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)   | Tier 2 Generic             |  |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>   | Tier 2 Generic             |  |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)  |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)                    | Tier 4 Non-Preferred Brand |   |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML                                  | Tier 5 Specialty           | SP; QL (0.28 ML per 28 days)  |

| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 125 MG/0.35 ML            | Tier 5 Specialty               | SP; QL (0.35 ML per 28 days)  |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 150 MG/0.42 ML            | Tier 5 Specialty               | SP; QL (0.42 ML per 56 days)  |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 200 MG/0.56 ML            | Tier 5 Specialty               | SP; QL (0.56 ML per 56 days)  |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 250 MG/0.7 ML             | Tier 5 Specialty               | SP; QL (0.7 ML per 56 days)   |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 50 MG/0.14 ML             | Tier 5 Specialty               | SP; QL (0.14 ML per 28 days)  |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 75 MG/0.21 ML             | Tier 5 Specialty               | SP; QL (0.21 ML per 28 days)  |
| VERSACLOZ ORAL SUSPENSION 50<br>MG/ML   | Tier 4 Non-<br>Preferred Brand | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day)   |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)           | Tier 2 Generic                 |   |
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)        | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 210 MG, 300 MG | Tier 5 Specialty               | SP; QL (1 EA per 14 days)   |

| Drug   | Status                         | Notes   |
|--|--------------------------------|---|
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 405 MG              | Tier 5 Specialty               | SP; QL (1 EA per 28 days)   |
| ZYPREXA ZYDIS ORAL (olanzapine)<br>TABLET, DISINTEGRATING 10 MG, 15<br>MG, 20 MG, 5 MG | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antipsychotics, Dopamine Antagonists, Thioxanthenes</b>                             |                                |   |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg                                       | Tier 2 Generic                 |   |
| <b>Antipsychotics, Dopamine Antagonists, Butyrophenones</b>                            |                                |   |
| haloperidol lactate oral concentrate 2 mg/ml   | Tier 2 Generic                 |   |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg                         | Tier 2 Generic                 |   |
| <b>Antipsychotics, Dopamine Antagonists, Dihydroindolones</b>                          |                                |   |
| molindone oral tablet 10 mg  | Tier 2 Generic                 | QL (8 EA per 1 day)   |
| molindone oral tablet 25 mg  | Tier 2 Generic                 | QL (9 EA per 1 day)   |
| molindone oral tablet 5 mg   | Tier 2 Generic                 |   |
| <b>Anti-Psychotics, Phenothiazines</b>   |                                |   |
| chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml                                    | Tier 2 Generic                 |   |
| chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg                         | Tier 2 Generic                 |   |
| fluphenazine hcl oral concentrate 5 mg/ml  | Tier 2 Generic                 |   |
| fluphenazine hcl oral elixir 2.5 mg/5 ml   | Tier 2 Generic                 |   |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg                                 | Tier 2 Generic                 |   |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>  | Tier 2 Generic             |   |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                      | Tier 2 Generic             |   |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                       | Tier 2 Generic             |   |
| <b>Barbiturates</b>  |                            |   |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | Tier 2 Generic             |   |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 2 Generic             |   |
| <b>Cholinergic And Anticholinergic Combinations</b>  |                            |   |
| COBENFY ORAL CAPSULE 100-20 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG                            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days                      |
| <b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>  |                            |   |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz)  | Tier 5 Specialty           | PA; SP  |
| <b>Narcolepsy And Sleep Disorder Therapy Agents</b>  |                            |   |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)                                  | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>armodafinil oral tablet 50 mg</i> (Nuvigil)   | Tier 2 Generic             | QL (3 EA per 1 day)   |
| <i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)   | Tier 2 Generic             | QL (2 EA per 1 day)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| NUVIGIL ORAL TABLET 50 MG (armodafinil)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 1 day) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                 | Tier 4 Non-Preferred Brand | PA   |
| <b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>        |                            |  |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG                               | Tier 5 Specialty           | PA; SP   |
| <b>Narcotic Antagonists</b>                                      |                            |  |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION                 | Tier 3 Preferred Brand     | QL (4 EA per 30 days)  |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG                            | Tier 4 Non-Preferred Brand |  |
| <i>naloxone injection auto-injector 10 mg/0.4 ml</i>             | Tier 2 Generic             |  |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>             | Tier 2 Generic             |  |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | Tier 2 Generic             | QL (4 EA per 30 days)  |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                              | Tier 4 Non-Preferred Brand |  |
| <i>naltrexone oral tablet 50 mg</i>                              | Tier 2 Generic             |  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 30 days) |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION            | Tier 4 Non-Preferred Brand | QL (4 EA per 30 days)  |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 30 days) |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML                        | Tier 4 Non-Preferred Brand | QL (2 ML per 30 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Sedative-Hypnotics - Benzodiazepines</b> |                            |   |
| DORAL ORAL TABLET 15 MG (quazepam)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |
| <i>estazolam oral tablet 1 mg, 2 mg</i>     | Tier 2 Generic             |   |
| <i>flurazepam oral capsule 15 mg, 30 mg</i> | Tier 2 Generic             |   |
| HALCION ORAL TABLET 0.25 MG (triazolam)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| <i>midazolam oral syrup 2 mg/ml</i>         | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>quazepam oral tablet 15 mg</i> (Doral)                                | Tier 2 Generic             | ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days   |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)   | Tier 2 Generic             |  |
| <i>triazolam oral tablet 0.125 mg</i>                                    | Tier 2 Generic             |  |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion)                           | Tier 2 Generic             |  |
| <b>Sedative-Hypnotics,Non-Barbiturate</b>                                |                            |  |
| AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG     | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem within the past 120 days; QL (1 EA per 1 day)   |
| doxepin oral tablet 3 mg, 6 mg (Silenor)           | Tier 2 Generic             | ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)   |
| eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta) | Tier 2 Generic             | QL (1 EA per 1 day)  |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG            | Tier 4 Non-Preferred Brand | PA   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)  |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG | Tier 2 Generic             |   |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG                           | Tier 4 Non-Preferred Brand | PA  |
| SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                   | Tier 2 Generic             | QL (1 EA per 1 day)   |



| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| zolpidem oral tablet 10 mg, 5 mg (Ambien)   | Tier 2 Generic             | QL (1 EA per 1 day)  |
| zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)          | Tier 2 Generic             | QL (1 EA per 1 day)  |
| zolpidem sublingual tablet 1.75 mg, 3.5 mg  | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>                         |                            |  |
| NUPLAZID ORAL CAPSULE 34 MG   | Tier 5 Specialty           | PA; SP   |
| NUPLAZID ORAL TABLET 10 MG  | Tier 5 Specialty           | PA; SP   |
| <b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>                 |                            |  |
| olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg  | Tier 2 Generic             | QL (1 EA per 1 day)  |
| SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG (olanzapine-fluoxetine)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>                          |                            |  |
| clonidine hcl oral tablet extended release 12 hr 0.1 mg                           | Tier 2 Generic             |  |
| guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER) | Tier 2 Generic             |  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| INTUNIV ER ORAL TABLET (guanfacine)<br>EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG                                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)  |
| <b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>  |                            |  |
| APTENSIO XR ORAL CAP,ER (methylphenidate hcl)<br>SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Methylphenidate or Relexxii within the past 120 days; QL (1 EA per 1 day) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| AZSTARYS ORAL CAPSULE 26.1 MG-<br>5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-<br>10.4 MG             | Tier 3 Preferred<br>Brand  | ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)  |
| CONCERTA ORAL TABLET (methylphenidate hcl)<br>EXTENDED RELEASE 24HR 18 MG, 27<br>MG, 54 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| CONCERTA ORAL TABLET (methylphenidate hcl)<br>EXTENDED RELEASE 24HR 36 MG                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| COTEMPLA XR-ODT ORAL<br>TABLET,DISINTEG ER BIPHASE 24H<br>17.3 MG, 8.6 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)   |
| COTEMPLA XR-ODT ORAL<br>TABLET,DISINTEG ER BIPHASE 24H<br>25.9 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)   |
| DAYTRANA TRANSDERMAL PATCH (methylphenidate)<br>24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day) |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR) | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)   | Tier 2 Generic             | QL (2 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexamethylphenidate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexamethylphenidate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG                                      | Tier 3 Preferred Brand     | ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| METADATE CD ORAL CAPSULE, ER (methylphenidate hcl)<br>BIPHASIC 30-70 10 MG, 20 MG, 40 MG,<br>50 MG, 60 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| METADATE CD ORAL CAPSULE, ER (methylphenidate hcl)<br>BIPHASIC 30-70 30 MG                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| METADATE ER ORAL TABLET<br>EXTENDED RELEASE 20 MG (methylphenidate hcl)                                   | Tier 2 Generic             | QL (90 EA per 30 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate hcl)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Methylphenidate or Relexxii within the past 120 days; QL (1 EA per 1 day)   |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)                   | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)   | Tier 2 Generic             | QL (2 EA per 1 day)   |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)                                   | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)   | Tier 2 Generic             | QL (2 EA per 1 day)   |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>  | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)  | Tier 2 Generic             |   |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)  | Tier 2 Generic             | QL (90 EA per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>  | Tier 2 Generic             | QL (3 EA per 1 day)   |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)  | Tier 2 Generic             | QL (90 EA per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)                                  | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)  | Tier 2 Generic             | QL (2 EA per 1 day)   |
| <i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>  | Tier 2 Generic             | QL (90 EA per 30 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>methylphenidate transdermal patch 24</i> (Daytrana)<br><i>hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr,</i><br><i>30 mg/9 hr</i> | Tier 2 Generic             | ST: Requires prior prescription for oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)  |
| QUILLICHEW ER ORAL<br>TABLET,CHEW,IR-ER.BIPHASIC24HR<br>20 MG, 40 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)                   |
| QUILLICHEW ER ORAL<br>TABLET,CHEW,IR-ER.BIPHASIC24HR<br>30 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)                   |
| QUILLIVANT XR 25 MG/5 ML SUSP 5<br>MG/ML (25 MG/5 ML)  | Tier 4 Non-Preferred Brand | 120mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5<br>MG/ML (25 MG/5 ML)  | Tier 4 Non-Preferred Brand | 150mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days) |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                     | Tier 4 Non-Preferred Brand | 180mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)  |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                     | Tier 4 Non-Preferred Brand | 60mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)  |
| RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl)<br>BIPHASIC 50-50 10 MG, 20 MG, 40 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl)<br>BIPHASIC 50-50 30 MG                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)    |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)                                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days) |
| <b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>                                    |                            |   |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera) | Tier 2 Generic             |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>100 MG | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Atomoxetine, Clonidine ER (KAPVAY), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>150 MG | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Atomoxetine, Clonidine ER (KAPVAY), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>200 MG | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Atomoxetine, Clonidine ER (KAPVAY), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| STRATTERA ORAL CAPSULE 10 MG, (atomoxetine)<br>100 MG, 18 MG, 25 MG, 40 MG, 60 MG,<br>80 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

#### Cardiovascular Disease - Arrhythmia

##### Antiarrhythmics

|   |                        |  |
|---|------------------------|--|
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)           | Tier 2 Generic         |  |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)       | Tier 2 Generic         |  |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)        | Tier 2 Generic         |  |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                       | Tier 2 Generic         |  |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                     | Tier 2 Generic         |  |
| MULTAQ ORAL TABLET 400 MG   | Tier 3 Preferred Brand |  |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG                          | Tier 3 Preferred Brand |  |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate) | Tier 3 Preferred Brand |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)                       | Tier 2 Generic             |   |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | Tier 2 Generic             |   |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                          | Tier 2 Generic             |   |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                 | Tier 2 Generic             |   |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                            | Tier 2 Generic             |   |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Cardiovascular Disease - Cardiac Stimulant</b>  |                            |   |
| <b>Adrenergic Agents,Catecholamines</b>  |                            |   |
| <i>epinephrine injection syringe 0.1 mg/ml</i>   | Tier 2 Generic             |   |
| <b>Digitalis Glycosides</b>  |                            |   |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                      | Tier 2 Generic             |   |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)                               | Tier 2 Generic             |   |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)  | Tier 2 Generic             | PA  |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                      | Tier 3 Preferred Brand     |   |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)   | Tier 3 Preferred Brand     | PA  |
| <b>Cardiovascular Disease - Hypertension</b>   |                            |   |
| <b>Ace Inhibitor/Calcium Channel Blocker Combination</b>   |                            |   |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)                  | Tier 2 Generic             |   |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>   | Tier 2 Generic             |   |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 2 Generic             |   |

| Drug  |                                 | Status                     | Notes   |
|---|---------------------------------|----------------------------|---|
| <b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>                              |                                 |                            |   |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG                                  | (quinapril-hydrochlorothiazide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>      | (Lotensin HCT)                  | Tier 2 Generic             |   |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>                             |                                 | Tier 2 Generic             |   |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> |                                 | Tier 2 Generic             |   |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>                               | (Vaseretic)                     | Tier 2 Generic             |   |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>                              |                                 | Tier 2 Generic             |   |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                |                                 | Tier 2 Generic             |   |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>      | (Zestoretic)                    | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | Tier 2 Generic             |   |
| VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug   |                                  | Status                     | Notes  |
|--|----------------------------------|----------------------------|--|
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG                                  | (lisinopril-hydrochlorothiazide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| <b>Alpha/Beta-Adrenergic Blocking Agents</b>   |                                  |                            |  |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                          | (Coreg)                          | Tier 2 Generic             |  |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> | (Coreg CR)                       | Tier 2 Generic             | QL (1 EA per 1 day)  |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG                    | (carvedilol phosphate)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>      | Tier 2 Generic             |   |
| <b>Alpha-Adrenergic Blocking Agents</b>                          |                            |   |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG          | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)  | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)   | Tier 2 Generic             |   |
| phenoxybenzamine oral capsule 10 mg (Dibenzyline)  | Tier 5 Specialty           | PA; SP  |
| prazosin oral capsule 1 mg, 2 mg, 5 mg   | Tier 2 Generic             |   |
| terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg   | Tier 2 Generic             |   |
| <b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>  |                            |   |
| amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT) | Tier 2 Generic             |   |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hcthiiazid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.         |

| Drug   |                                  | Status                     | Notes   |
|--|----------------------------------|----------------------------|---|
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> |                                  | Tier 2 Generic             |   |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG                             | (olmesartan-amlodipin-hcthiazid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>  |                                  |                            |   |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG   | (candesartan-hydrochlorothiazid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG<br>(irbesartan-hydrochlorothiazide)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG<br>(olmesartan-hydrochlorothiazide)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i><br>(Atacand HCT) | Tier 2 Generic             |   |

| Drug   |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG  | (valsartan-hydrochlorothiazide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG  |                                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days   |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG                              | (losartan-hydrochlorothiazide)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg         | (Avalide)                       | Tier 2 Generic             |   |
| <i>losartan-hydrochlorothiazide oral tablet</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg | (Hyzaar)                        | Tier 2 Generic             |   |

| Drug  |                                  | Status                     | Notes   |
|---|----------------------------------|----------------------------|---|
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG   | (telmisartan-hydrochlorothiazid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                          | (Benicar HCT)                    | Tier 2 Generic             |   |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                          | (Micardis HCT)                   | Tier 2 Generic             |   |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | (Diovan HCT)                     | Tier 2 Generic             |   |
| <b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>   |                                  |                            |   |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                               | (Azor)                           | Tier 2 Generic             |   |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                            | (Exforge)                        | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine-valsartan) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>      | Tier 2 Generic             |   |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antihypertensives, Ace Inhibitors</b>                     |                            |   |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | Tier 2 Generic             |   |
| <i>benazepril oral tablet 5 mg</i>                           | Tier 2 Generic             |   |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>   | Tier 2 Generic             |   |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)      | Tier 2 Generic             | ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)        | Tier 2 Generic             |  |
| EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)                                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days) |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                | Tier 2 Generic             |  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | Tier 2 Generic             |  |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                       | Tier 2 Generic             |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>           | Tier 2 Generic             |   |
| QBRELIS ORAL SOLUTION 1 MG/ML                                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)  |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)  | Tier 2 Generic             |   |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | Tier 2 Generic             |   |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                   | Tier 2 Generic             |   |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antihypertensives, Angiotensin Receptor Antagonist</b>                 |                            |   |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| EDARBI ORAL TABLET 40 MG, 80 MG                              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days   |
| <i>eprosartan oral tablet 600 mg</i>                         | Tier 2 Generic             |   |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | Tier 2 Generic             |   |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)    | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)         | Tier 2 Generic             |   |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)      | Tier 2 Generic             |   |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | Tier 2 Generic             |   |
| <b>Antihypertensives, Miscellaneous</b>                            |                            |   |
| DEMSEER ORAL CAPSULE 250 MG (metyrosine)                           | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>metyrosine oral capsule 250 mg</i> (Demser)                     | Tier 5 Specialty           | SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Antihypertensives, Sympatholytic</b>                             |                            |   |
| CATAPRES-TTS-1 TRANSDERMAL (clonidine)<br>PATCH WEEKLY 0.1 MG/24 HR | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CATAPRES-TTS-2 TRANSDERMAL (clonidine)<br>PATCH WEEKLY 0.2 MG/24 HR | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                 | Tier 2 Generic             |   |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | Tier 2 Generic             |   |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | Tier 2 Generic             |   |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | Tier 2 Generic             |   |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                | Tier 2 Generic             |   |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                            | Tier 2 Generic             |   |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>  | Tier 2 Generic             |   |
| <b>Antihypertensives, Vasodilators</b>                                  |                            |   |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>              | Tier 2 Generic             |   |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                              | Tier 2 Generic             |   |
| <b>Beta-Adrenergic Blocking Agents</b>                                  |                            |   |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                           | Tier 2 Generic             |   |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)             | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| BETAPACE AF ORAL TABLET 120 MG, (sotalol)<br>160 MG, 80 MG      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| BETAPACE ORAL TABLET 120 MG, (sotalol)<br>160 MG, 240 MG, 80 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                       | Tier 2 Generic             |   |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>              | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CORGARD ORAL TABLET 80 MG (nadolol)                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| INDERAL LA ORAL (propranolol)<br>CAPSULE,EXTENDED RELEASE 24<br>HR 120 MG, 160 MG, 60 MG, 80 MG         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KAPSPARGO SPRINKLE ORAL<br>CAPSULE,SPRINKLE,ER 24HR 100<br>MG, 200 MG, 25 MG, 50 MG                     | Tier 4 Non-Preferred Brand |   |
| LOPRESSOR ORAL TABLET 100 MG, (metoprolol tartrate)<br>50 MG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | Tier 2 Generic             |   |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)  | Tier 2 Generic             |   |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>  | Tier 2 Generic             |   |
| <i>nadolol oral tablet 20 mg, 40 mg</i>   | Tier 2 Generic             |   |
| <i>nadolol oral tablet 80 mg</i> (Corgard)  | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                | Tier 2 Generic             |   |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   | Tier 2 Generic             |   |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | Tier 2 Generic             |   |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                       | Tier 2 Generic             |   |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                  | Tier 2 Generic             |   |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)  | Tier 2 Generic             |   |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)                                     | Tier 2 Generic             |   |
| <i>sotalol oral tablet 240 mg</i> (Betapace)  | Tier 2 Generic             |   |
| SOTYLIZE ORAL SOLUTION 5 MG/ML  | Tier 4 Non-Preferred Brand | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days  |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>   | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| TOPROL XL ORAL TABLET (metoprolol succinate)<br>EXTENDED RELEASE 24 HR 100 MG,<br>200 MG, 25 MG, 50 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>  |                            |   |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                                   | Tier 2 Generic             |   |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                     | Tier 2 Generic             |   |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                   | Tier 2 Generic             |   |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                       | Tier 2 Generic             |   |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                                   | Tier 2 Generic             |   |
| TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| TENORETIC 50 ORAL TABLET 50-25 (atenolol-chlorthalidone) MG   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Calcium Channel Blocking Agents</b>  |                            |   |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)   | Tier 2 Generic             |   |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| CARDIZEM LA ORAL TABLET (diltiazem hcl)<br>EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)                      | Tier 2 Generic             |   |
| CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)  | Tier 4 Non-Preferred Brand | PA  |



| Drug  |                 | Status                     | Notes   |
|---|-----------------|----------------------------|---|
| CONJUPRI ORAL TABLET 5 MG   | (levamlodipine) | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                         | (DILT-XR)       | Tier 2 Generic             |   |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                           |                 | Tier 2 Generic             |   |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | (Tiadylt ER)    | Tier 2 Generic             |   |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>                  | (Cartia XT)     | Tier 2 Generic             |   |
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>  | (Cardizem CD)   | Tier 2 Generic             |   |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>   | (Cardizem)      | Tier 2 Generic             |   |
| <i>diltiazem hcl oral tablet 90 mg</i>  |                 | Tier 2 Generic             |   |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>  | (Cardizem LA)   | Tier 2 Generic             |   |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>          | (Matzim LA)     | Tier 2 Generic             |   |
| DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG                                      | (diltiazem hcl) | Tier 2 Generic             |   |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                                |                 | Tier 2 Generic             |   |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>   |                 | Tier 2 Generic             |   |
| <i>levamlodipine oral tablet 2.5 mg, 5 mg</i>   | (Conjupri)      | Tier 2 Generic             | PA  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MATZIM LA ORAL TABLET EXTENDED (diltiazem hcl)<br>RELEASE 24 HR 180 MG, 240 MG, 300<br>MG, 360 MG, 420 MG | Tier 2 Generic             |   |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>  | Tier 2 Generic             |   |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>   | Tier 2 Generic             |   |
| <i>nifedipine oral tablet extended release</i> (Procardia XL)<br><i>24hr 30 mg, 60 mg, 90 mg</i>          | Tier 2 Generic             |   |
| <i>nifedipine oral tablet extended release</i><br><i>30 mg, 60 mg, 90 mg</i>                              | Tier 2 Generic             |   |
| <i>nimodipine oral capsule 30 mg</i>  | Tier 2 Generic             |   |
| <i>nimodipine oral solution 60 mg/20 ml</i>   | Tier 5 Specialty           | PA; SP  |
| <i>nisoldipine oral tablet extended release</i> (Sular)<br><i>24 hr 17 mg, 34 mg, 8.5 mg</i>              | Tier 2 Generic             |   |
| <i>nisoldipine oral tablet extended release</i><br><i>24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>              | Tier 2 Generic             |   |
| NORVASC ORAL TABLET 10 MG, 2.5 (amlodipine)<br>MG, 5 MG   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NYMALIZE ORAL SOLUTION 60 MG/10<br>ML   | Tier 5 Specialty           | PA; SP  |
| NYMALIZE ORAL SYRINGE 30 MG/5<br>ML, 60 MG/10 ML  | Tier 5 Specialty           | PA; SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| PROCARDIA XL ORAL TABLET (nifedipine)<br>EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SULAR ORAL TABLET EXTENDED (nisoldipine)<br>RELEASE 24 HR 17 MG, 34 MG, 8.5 MG                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TIADYLT ER ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                                  | Tier 2 Generic             |   |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>                       | Tier 2 Generic             |   |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>   | Tier 2 Generic             |   |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                      | Tier 2 Generic             |   |
| VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (verapamil)                           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Loop Diuretics</b>   |                            |   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| EDECIN ORAL TABLET 25 MG (ethacrynic acid)                     | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)             | Tier 2 Generic             | PA  |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | Tier 2 Generic             |   |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)      | Tier 2 Generic             |   |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SOAANZ ORAL TABLET 20 MG (torsemide)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>     | Tier 2 Generic             |   |
| <b>Potassium Sparing Diuretics</b>                          |                            |   |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>amiloride oral tablet 5 mg</i>                           | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                | Tier 2 Generic             |   |
| INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KERENDIA ORAL TABLET 10 MG, 20 MG                                  | Tier 4 Non-Preferred Brand | PA  |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | Tier 2 Generic             |   |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)           | Tier 2 Generic             |   |
| <b>Potassium Sparing Diuretics In Combination</b>                  |                            |   |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>           | Tier 2 Generic             |   |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>         | Tier 2 Generic             |   |

| Drug   |                                  | Status           | Notes   |
|--|----------------------------------|------------------|---|
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>          |                                  | Tier 2 Generic   |   |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> |                                  | Tier 2 Generic   |   |
| <b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>              |                                  |                  |   |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                 |                                  | Tier 5 Specialty | PA; SP  |
| <b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>              |                                  |                  |   |
| ADCIRCA ORAL TABLET 20 MG  | (tadalafil (pulm. hypertension)) | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ALYQ ORAL TABLET 20 MG   | (tadalafil (pulm. hypertension)) | Tier 5 Specialty | PA; SP  |
| LIQREV ORAL SUSPENSION 10 MG/ML  |                                  | Tier 5 Specialty | PA; SP  |



| Drug  |                                     | Status                     | Notes   |
|---|-------------------------------------|----------------------------|---|
| REVATIO INTRAVENOUS SOLUTION<br>10 MG/12.5 ML                                     | (sildenafil<br>(pulm.hypertension)) | Tier 4 Non-Preferred Brand | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| REVATIO ORAL TABLET 20 MG   | (sildenafil<br>(pulm.hypertension)) | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>          | (Revatio)                           | Tier 2 Generic             | PA; SP  |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> |                                     | Tier 2 Generic             | PA  |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                           | (Revatio)                           | Tier 2 Generic             | PA  |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                           | (Adcirca)                           | Tier 5 Specialty           | PA; SP  |
| <b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>                         |                                     |                            |   |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>  | (Letairis)                          | Tier 5 Specialty           | PA; SP  |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                       | (Tracleer)                          | Tier 5 Specialty           | PA; SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)                      | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| OPSUMIT ORAL TABLET 10 MG   | Tier 5 Specialty | PA; SP  |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)                     | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG                           | Tier 5 Specialty | PA; SP  |
| <b>Pulmonary Antihyper Agent, Actriia-Fc</b>                        |                  |   |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG                             | Tier 5 Specialty | PA; SP  |
| <b>Pulmonary Antihypertensives, Prostacyclin-Type</b>               |                  |   |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri) | Tier 5 Specialty | PA; SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| FLOLAN INTRAVENOUS RECON (epoprostenol (glycine))<br>SOLN 0.5 MG, 1.5 MG  | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ORENITRAM MONTH 1 TITRATION KT<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 0.125 MG (126)- 0.25 MG (42)              | Tier 5 Specialty | PA; SP  |
| ORENITRAM MONTH 2 TITRATION KT<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 0.125 MG (126)- 0.25 MG (210)             | Tier 5 Specialty | PA; SP  |
| ORENITRAM MONTH 3 TITRATION KT<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 0.125 MG (126)- 0.25 MG(42)-<br>1MG       | Tier 5 Specialty | PA; SP  |
| ORENITRAM ORAL TABLET<br>EXTENDED RELEASE 0.125 MG, 0.25<br>MG, 1 MG, 2.5 MG, 5 MG                                | Tier 5 Specialty | PA; SP  |
| REMODULIN INJECTION SOLUTION 1 (treprostinil sodium)<br>MG/ML, 10 MG/ML, 2.5 MG/ML, 5<br>MG/ML                    | Tier 5 Specialty | PA; SP  |
| <i>treprostinil sodium injection solution 1</i> (Remodulin)<br><i>mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>         | Tier 5 Specialty | PA; SP  |
| TYVASO DPI INHALATION<br>CARTRIDGE WITH INHALER 16 MCG,<br>16(112)-32(112) -48(28) MCG, 32 MCG,<br>48 MCG, 64 MCG | Tier 5 Specialty | PA; SP  |
| TYVASO INHALATION SOLUTION FOR<br>NEBULIZATION 1.74 MG/2.9 ML (0.6<br>MG/ML)                                      | Tier 5 Specialty | PA; SP  |
| TYVASO INSTITUTIONAL START KIT<br>INHALATION SOLUTION FOR<br>NEBULIZATION 1.74 MG/2.9 ML                          | Tier 5 Specialty | PA; SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                  | Tier 5 Specialty           | PA; SP  |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                             | Tier 5 Specialty           | PA; SP  |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG   | Tier 5 Specialty           | PA; SP  |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 5 Specialty           | PA; SP  |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)   | Tier 5 Specialty           | PA; SP  |
| VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)                                       | Tier 5 Specialty           | PA; SP  |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML                                 | Tier 5 Specialty           | PA; SP  |
| <b>Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh</b>  |                            |   |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG   | Tier 5 Specialty           | PA; SP  |
| <b>Renin Inhibitor, Direct</b>   |                            |   |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)   | Tier 2 Generic             |   |
| TEKTURNAL ORAL TABLET 150 MG, 300 MG (aliskiren)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Thiazide And Related Diuretics</b>  |                            |   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | Tier 2 Generic             |   |
| DIURIL ORAL SUSPENSION 250 MG/5 ML   | Tier 4 Non-Preferred Brand |   |

| Drug  |                          | Status                     | Notes   |
|---|--------------------------|----------------------------|---|
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>               |                          | Tier 2 Generic             |   |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>  |                          | Tier 2 Generic             |   |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                 |                          | Tier 2 Generic             |   |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML           |                          | Tier 4 Non-Preferred Brand | PA  |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>             |                          | Tier 2 Generic             |   |
| <b>Vasodilators, Combination</b>                              |                          |                            |   |
| BIDIL ORAL TABLET 20-37.5 MG                                  | (isosorbide-hydralazine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>          | (BiDil)                  | Tier 2 Generic             |   |
| <b>Cardiovascular Disease - Lipid Irregularity</b>            |                          |                            |   |
| <b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b> |                          |                            |   |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i>             | (Vytorin 10-10)          | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i>             | (Vytorin 10-20)          | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i>             | (Vytorin 10-40)          | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i>             | (Vytorin 10-80)          | Tier 2 Generic             | PA; QL (1 EA per 1 day)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| VYTORIN 10-10 ORAL TABLET 10-10 (ezetimibe-simvastatin) MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| VYTORIN 10-20 ORAL TABLET 10-20 (ezetimibe-simvastatin) MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)     |
| VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin) | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>    |                            |  |
| NEXLETOL ORAL TABLET 180 MG                                | Tier 3 Preferred Brand     | ST: Requires prior prescription for a generic statin within the past 120 days  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>          |                            |  |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG   | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)   |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                    | Tier 4 Non-Preferred Brand | PA   |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)            | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)  |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)            | Tier 2 Generic             | QL (1 EA per 1 day)  |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)   |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)       | Tier 4 Non-Preferred Brand | PA   |
| FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)                     | Tier 4 Non-Preferred Brand | PA   |



| Drug  | Status         | Notes  |
|---|----------------|--|
| <i>fluvastatin oral capsule 20 mg</i>   | Tier 1 EHB/ACA | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvastatin oral capsule 40 mg</i>   | Tier 1 EHB/ACA | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvastatin oral tablet extended release</i> (Lescol XL)<br><i>24 hr 80 mg</i> | Tier 1 EHB/ACA | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |

| Drug  | Status                            | Notes  |
|---|-----------------------------------|--|
| <p>LESCOL XL ORAL TABLET (fluvastatin)<br/>EXTENDED RELEASE 24 HR 80 MG</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)</p> |
| <p>LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)</p>        | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)</p>  |

| Drug   | Status         | Notes  |
|--|----------------|--|
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium) | Tier 1 EHB/ACA | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| lovastatin oral tablet 10 mg, 20 mg, 40 mg                 | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)  |
| pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg         | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)  |
| rosuvastatin oral tablet 10 mg, 5 mg (Crestor)             | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)  |
| rosuvastatin oral tablet 20 mg, 40 mg (Crestor)            | Tier 2 Generic | QL (1 EA per 1 day)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)      | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)  |
| <i>simvastatin oral tablet 5 mg</i>                             | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)  |
| <i>simvastatin oral tablet 80 mg</i>                            | Tier 2 Generic             | PA; QL (1 EA per 1 day)  |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Antihyperlipidemic - Pcsk9 Inhibitors</b>                    |                            |  |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Repatha within the past 120 days   |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | Tier 3 Preferred Brand     | ST: Requires prior prescription for a generic statin within the past 120 days  |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML           | Tier 3 Preferred Brand     | ST: Requires prior prescription for a generic statin within the past 120 days  |

| Drug   | Status                         | Notes  |
|--|--------------------------------|--|
| REPATHA SYRINGE SUBCUTANEOUS<br>SYRINGE 140 MG/ML                                    | Tier 3 Preferred<br>Brand      | ST: Requires prior<br>prescription for a generic<br>statin within the past 120<br>days   |
| <b>Antihyperlipidemic-Acyl And Choles<br/>Absorp Inhib</b>                           |                                |  |
| NEXLIZET ORAL TABLET 180-10 MG   | Tier 3 Preferred<br>Brand      | ST: Requires prior<br>prescription for a generic<br>statin within the past 120<br>days   |
| <b>Bile Salt Sequestrants</b>  |                                |  |
| <i>cholestyramine (with sugar) oral powder</i> (Questran)<br>4 gram                  | Tier 2 Generic                 |  |
| <i>cholestyramine (with sugar) oral powder</i> (Questran)<br><i>in packet 4 gram</i> | Tier 2 Generic                 |  |
| CHOLESTYRAMINE LIGHT ORAL<br>POWDER 4 GRAM   | Tier 2 Generic                 |  |
| CHOLESTYRAMINE LIGHT ORAL<br>POWDER IN PACKET 4 GRAM                                 | Tier 2 Generic                 |  |
| <i>colesevelam oral powder in packet 3.75</i> (WelChol)<br><i>gram</i>               | Tier 2 Generic                 |  |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                      | Tier 2 Generic                 |  |
| COLESTID ORAL GRANULES 5 GRAM (colestipol)   | Tier 4 Non-<br>Preferred Brand | A prescription written<br>indicating DAW 1 or DAW 2<br>will not override the<br>subscriber's benefit<br>coverage. The subscriber<br>may have a higher out of<br>pocket cost when a<br>Generic Drug is available<br>and the Brand Drug is<br>authorized by their doctor<br>or requested by the<br>subscriber. In these cases,<br>the subscriber will pay the<br>price difference between<br>the Brand Drug and<br>Generic Drug prices in<br>addition to the applicable<br>Copayment or Coinsurance<br>amount. |

| Drug                                       | Status                     | Notes   |
|--|----------------------------|---|
| COLESTID ORAL TABLET 1 GRAM (colestipol)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| colestipol oral granules 5 gram (Colestid) | Tier 2 Generic             |   |
| colestipol oral packet 5 gram              | Tier 2 Generic             |   |
| colestipol oral tablet 1 gram (Colestid)   | Tier 2 Generic             |   |
| PREVALITE ORAL POWDER 4 GRAM               | Tier 2 Generic             |   |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM     | Tier 2 Generic             |   |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                            | Notes  |
|--|-----------------------------------|--|
| <p>QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))</p>           | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p> |
| <p>QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p> |

| Drug   |               | Status                     | Notes   |
|--|---------------|----------------------------|---|
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM                                      | (colesevelam) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| WELCHOL ORAL TABLET 625 MG   | (colesevelam) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Lipotropics</b>   |               |                            |   |
| <i>ezetimibe oral tablet 10 mg</i>   | (Zetia)       | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>             |               | Tier 2 Generic             |   |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                | (Tricor)      | Tier 2 Generic             |   |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>                                | (Lipofen)     | Tier 2 Generic             |   |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                                 | (Fenoglide)   | Tier 2 Generic             |   |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                 |               | Tier 2 Generic             |   |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i> |               | Tier 2 Generic             |   |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i> (Trilipix) | Tier 2 Generic             |  |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)                            | Tier 2 Generic             |  |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days |
| FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)  | Tier 2 Generic             |  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days |
| LOPID ORAL TABLET 600 MG (gemfibrozil)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |

| Drug  |                                | Status                     | Notes  |
|---|--------------------------------|----------------------------|--|
| LOVAZA ORAL CAPSULE 1 GRAM  | (omega-3 acid ethyl esters)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day) |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> |                                | Tier 2 Generic             |  |
| NIACOR ORAL TABLET 500 MG   | (niacin)                       | Tier 2 Generic             |  |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                      | (Lovaza)                       | Tier 2 Generic             | ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)  |
| TRICOR ORAL TABLET 145 MG, 48 MG  | (fenofibrate nanocrystallized) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG (fenofibric acid (choline)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)  | Tier 2 Generic             | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (8 EA per 1 day) |

| Drug   |                   | Status                     | Notes  |
|--|-------------------|----------------------------|--|
| VASCEPA ORAL CAPSULE 1 GRAM                          | (icosapent ethyl) | Tier 2 Generic             | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| ZETIA ORAL TABLET 10 MG                              | (ezetimibe)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Cardiovascular Disease - Miscellaneous Agents</b> |                   |                            |  |
| <b>Adrenergic Vasopressor Agents</b>                 |                   |                            |  |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | (Northera)        | Tier 5 Specialty           | PA; SP   |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>     |                   | Tier 2 Generic             |  |

| Drug   | Status                 | Notes   |
|--|------------------------|---|
| NORTHERA ORAL CAPSULE 100 MG, (droxidopa)<br>200 MG, 300 MG        | Tier 5 Specialty       | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Angiotensin Recept-Neprilysin Inhibitor<br/>Comb(Arni)</b>      |                        |   |
| ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)               | Tier 3 Preferred Brand | QL (6 EA per 1 day)   |
| ENTRESTO ORAL TABLET 49-51 MG, (sacubitril-valsartan)<br>97-103 MG | Tier 3 Preferred Brand | QL (2 EA per 1 day)   |
| ENTRESTO SPRINKLE ORAL PELLET<br>15-16 MG, 6-6 MG                  | Tier 3 Preferred Brand | QL (8 EA per 1 day)   |
| <b>Antianginal &amp; Anti-Ischemic<br/>Agents,Non-Hemodynamic</b>  |                        |   |
| <i>ranolazine oral tablet extended release<br/>12 hr 1,000 mg</i>  | Tier 2 Generic         | QL (60 EA per 30 days)  |
| <i>ranolazine oral tablet extended release<br/>12 hr 500 mg</i>    | Tier 2 Generic         | QL (120 EA per 30 days)   |
| <b>Antianginal, Heart Rate Reducing, I(F)<br/>Inhibitor</b>        |                        |   |
| CORLANOR ORAL SOLUTION 5 MG/5<br>ML                                | Tier 3 Preferred Brand | QL (20 ML per 1 day)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)  | Tier 2 Generic             | ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)  |
| <b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>   |                            |  |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>   | Tier 2 Generic             | QL (1 EA per 1 day)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Cardiac Myosin Inhibitor</b>   |                            |  |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG   | Tier 5 Specialty           | PA; SP   |
| <b>Protein Stabilizers</b>  |                            |  |
| VYNDAMAX ORAL CAPSULE 61 MG   | Tier 5 Specialty           | PA; SP   |
| VYNDAQEL ORAL CAPSULE 20 MG   | Tier 5 Specialty           | PA; SP   |
| <b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>   |                            |  |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG   | Tier 4 Non-Preferred Brand | PA   |
| <b>Cardiovascular Disease - Vasodilation</b>  |                            |  |
| <b>Vasodilators, Coronary</b>   |                            |  |
| <i>amyl nitrite inhalation solution 0.3 ml</i>  | Tier 2 Generic             |  |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)                             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                           | Tier 2 Generic             |   |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)                               | Tier 2 Generic             |   |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)                       | Tier 2 Generic             |   |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                | Tier 2 Generic             |   |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | Tier 2 Generic             |   |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)                                    | Tier 3 Preferred Brand     |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| NITRO-DUR TRANSDERMAL PATCH (nitroglycerin)<br>24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NITRO-DUR TRANSDERMAL PATCH<br>24 HOUR 0.3 MG/HR, 0.8 MG/HR   | Tier 3 Preferred Brand     |   |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | Tier 2 Generic             |   |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | Tier 2 Generic             |   |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                     | Tier 2 Generic             |   |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NITROSTAT SUBLINGUAL TABLET 0.3 (nitroglycerin)<br>MG, 0.4 MG, 0.6 MG                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NITRO-TIME ORAL CAPSULE, (nitroglycerin)<br>EXTENDED RELEASE 2.5 MG, 6.5 MG,<br>9 MG       | Tier 2 Generic             |   |
| <b>Vasodilators, Peripheral</b>  |                            |   |
| <i>ergoloid oral tablet 1 mg</i>   | Tier 2 Generic             |   |
| <i>papaverine injection solution 30 mg/ml</i>  | Tier 2 Generic             |   |
| <b>Contraception/Oxytocics</b>   |                            |   |
| <b>Contraceptives, Intravaginal, Systemic</b>  |                            |   |
| ANNOVERA VAGINAL RING 0.15-0.013<br>MG/24 HOUR   | Tier 1 EHB/ACA             |   |
| ELURYNG VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl<br>MG/24 HR estradiol)               | Tier 1 EHB/ACA             |   |
| ENILLORING VAGINAL RING 0.12- (etonogestrel-ethinyl<br>0.015 MG/24 HR estradiol)           | Tier 1 EHB/ACA             |   |
| <i>etonogestrel-ethinyl estradiol vaginal ring (EluRyng)</i><br><i>0.12-0.015 mg/24 hr</i> | Tier 1 EHB/ACA             |   |
| HALOETTE VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl<br>MG/24 HR estradiol)              | Tier 1 EHB/ACA             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 28 days) |
| <b>Contraceptives, Implantable</b>   |                            |  |
| NEXPLANON SUBDERMAL IMPLANT 68 MG  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS   |
| <b>Contraceptives, Injectable</b>  |                            |  |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 84 days) |

| Drug  |                                 | Status                     | Notes  |
|---|---------------------------------|----------------------------|--|
| DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML                  | (medroxyprogesterone)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 84 days) |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML     |                                 | Tier 1 EHB/ACA             | \$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (0.65 ML per 84 days)   |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | (Depo-Provera)                  | Tier 1 EHB/ACA             | \$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (1 ML per 84 days)  |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>    | (Depo-Provera)                  | Tier 1 EHB/ACA             | \$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (1 ML per 84 days)  |
| <b>Contraceptives, Intravaginal</b>                           |                                 |                            |  |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                                |                                 | Tier 1 EHB/ACA             |  |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %                  |                                 | Tier 1 EHB/ACA             |  |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %                      |                                 | Tier 1 EHB/ACA             |  |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %                         |                                 | Tier 1 EHB/ACA             |  |
| <b>Contraceptives, Oral</b>                                   |                                 |                            |  |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                           | (levonorgestrel-ethinyl estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| AFTER PILL ORAL TABLET 1.5 MG                                 | (levonorgestrel)                | Tier 1 EHB/ACA             |  |
| AFTERA ORAL TABLET 1.5 MG                                     | (levonorgestrel)                | Tier 1 EHB/ACA             |  |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG                        | (levonorgestrel-ethinyl estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG                     | (norethindrone-ethin estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |

| Drug  |                                  | Status         | Notes   |
|---|----------------------------------|----------------|---|
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                  |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28)                              | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| APRI ORAL TABLET 0.15-0.03 MG   | (desogestrel-ethinyl estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                         |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                    | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUBRA ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                        | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG                            | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                 | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)      | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)          | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AYUNA ORAL TABLET 0.15-0.03 MG  | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                | (desog-e.estradiol/e.estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug  |                                  | Status                     | Notes  |
|---|----------------------------------|----------------------------|--|
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)              | (levonorgest-eth.estradiol-iron) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; QL (28 EA per 28 days) |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                          |                                  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)                      | (drospirenone-e.estradiol-lm.fa) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)            | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)     | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |

| Drug  |                                  | Status                     | Notes   |
|---|----------------------------------|----------------------------|---|
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                                      |                                  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CAMILA ORAL TABLET 0.35 MG  | (norethindrone (contraceptive))  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)   |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)   | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)   |
| CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                          |                                  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)         | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                                | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG                                 | (norgestrel-ethinyl estradiol)   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CURAE ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                                       | (desogestrel-ethinyl estradiol)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| CYRED ORAL TABLET 0.15-0.03 MG  | (desogestrel-ethinyl estradiol)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                               | (norethindrone-ethin estradiol)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                    |                                  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)    | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)   |



| Drug   | Status         | Notes                               |
|--|----------------|-------------------------------------|
| DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))                | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)                           | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)                         | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))                                   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)   | Tier 1 EHB/ACA |                                     |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)   | Tier 1 EHB/ACA |                                     |
| ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ELLA ORAL TABLET 30 MG   | Tier 1 EHB/ACA |                                     |
| EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)                          | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ESTARYLLA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))                              | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))                              | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                       | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)                     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                             | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |

| Drug  |                                  | Status         | Notes   |
|---|----------------------------------|----------------|---|
| HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                   | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)        | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)            | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY ORAL TABLET 1.5-30 MG-MCG                                      | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HEATHER ORAL TABLET 0.35 MG   | (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HER STYLE ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 1 EHB/ACA |   |
| ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| INCASSIA ORAL TABLET 0.35 MG  | (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG                                     | (desogestrel-ethinyl estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| JASMIEL (28) ORAL TABLET 3-0.02 MG                                    | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JENCYCLA ORAL TABLET 0.35 MG  | (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                       | (levonorgest-eth.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days) |
| JULEBER ORAL TABLET 0.15-0.03 MG                                      | (desogestrel-ethinyl estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JULIE ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 1 EHB/ACA |   |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                           | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG                               | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)         | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)         | (noreth-ethinyl estradiol-iron)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug  |                                  | Status         | Notes   |
|---|----------------------------------|----------------|---|
| KALLIGA ORAL TABLET 0.15-0.03 MG  | (desogestrel-ethinyl estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KARIVA (28) ORAL TABLET 0.15-0.02 MG X 5  | (desog-e.estradiol/e.estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG  | (ethynodiol diac-eth estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG  | (ethynodiol diac-eth estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG   | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (Camrese Lo)                     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa)                        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG   | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG   | (norethindrone ac-eth estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)  | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                       | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)   | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                       | (noreth-ethinyl estradiol-iron)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG  |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LESSINA ORAL TABLET 0.1-20 MG-MCG   | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)  | (levonorg-eth estrad triphasic)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                      | (Joyeaux)                        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days) |
| <i>levonorgestrel oral tablet 1.5 mg</i>  | (After Pill)                     | Tier 1 EHB/ACA |   |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                                      | (Afirmelle)                      | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                                       | (Altavera (28))                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug  |                                       | Status                         | Notes   |
|---|---------------------------------------|--------------------------------|---|
| <i>levonorgestrel-ethinyl estrad oral tablet</i><br>90-20 mcg (28)  | (Amethyst (28))                       | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| <i>levonorgestrel-ethinyl estrad oral</i><br><i>tablets,dose pack,3 month 0.15 mg-30</i><br><i>mcg (91)</i> | (Iclevia)                             | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS; QL (91 EA<br>per 84 days)   |
| <i>levonorg-eth estrad triphasic oral tablet</i><br>50-30 (6)/75-40 (5)/125-30(10)                          | (Enpresse)                            | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LEVORA-28 ORAL TABLET 0.15-0.03<br>MG   | (levonorgestrel-ethinyl<br>estradiol) | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LO LOESTRIN FE ORAL TABLET 1<br>MG-10 MCG (24)/10 MCG (2)   |                                       | Tier 1 EHB/ACA                 | ST: Requires prior<br>prescriptions for two<br>generic oral contraceptives<br>within the past 365 days;<br>\$0 COPAY IF QUANTITY<br>28 IN 28 DAYS   |
| LOESTRIN 1.5/30 (21) ORAL TABLET<br>1.5-30 MG-MCG   | (norethindrone ac-eth<br>estradiol)   | Tier 4 Non-<br>Preferred Brand | A prescription written<br>indicating DAW 1 or DAW 2<br>will not override the<br>subscriber's benefit<br>coverage. The subscriber<br>may have a higher out of<br>pocket cost when a<br>Generic Drug is available<br>and the Brand Drug is<br>authorized by their doctor<br>or requested by the<br>subscriber. In these cases,<br>the subscriber will pay the<br>price difference between<br>the Brand Drug and<br>Generic Drug prices in<br>addition to the applicable<br>Copayment or Coinsurance<br>amount.; ST: Requires prior<br>prescription for a generic<br>contraceptive within the<br>past 120 days |

| Drug   | Status                            | Notes  |
|--|-----------------------------------|--|
| <p>LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)</p>                           | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days</p> |
| <p>LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days</p> |

| Drug  |                                      | Status                         | Notes   |
|---|--------------------------------------|--------------------------------|---|
| LOESTRIN FE 1/20 (28-DAY) ORAL<br>TABLET 1 MG-20 MCG (21)/75 MG (7)           | (norethindrone-e.estradiol-<br>iron) | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days |
| LOJAIMIESS ORAL TABLETS,DOSE<br>PACK,3 MONTH 0.1 MG-20 MCG<br>(84)/10 MCG (7) | (l norgest/e.estradiol-<br>e.estrad) | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS; QL (91 EA<br>per 84 days)   |
| LORYNA (28) ORAL TABLET 3-0.02<br>MG  | (drospirenone-ethinyl<br>estradiol)  | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LOW-OGESTREL (28) ORAL TABLET<br>0.3-30 MG-MCG                                | (norgestrel-ethinyl<br>estradiol)    | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LO-ZUMANDIMINE (28) ORAL TABLET<br>3-0.02 MG                                  | (drospirenone-ethinyl<br>estradiol)  | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LUTERA (28) ORAL TABLET 0.1-20<br>MG-MCG                                      | (levonorgestrel-ethinyl<br>estrad)   | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LYLEQ ORAL TABLET 0.35 MG   | (norethindrone<br>(contraceptive))   | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| LYZA ORAL TABLET 0.35 MG  | (norethindrone<br>(contraceptive))   | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| MARLISSA (28) ORAL TABLET 0.15-<br>0.03 MG                                    | (levonorgestrel-ethinyl<br>estrad)   | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| MERZEE ORAL CAPSULE 1 MG-20<br>MCG (24)/75 MG (4)                             | (norethindrone-e.estradiol-<br>iron) | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| MIBELAS 24 FE ORAL<br>TABLET,CHEWABLE 1 MG-20<br>MCG(24) /75 MG (4)           | (norethindrone-e.estradiol-<br>iron) | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| MICROGESTIN 1.5/30 (21) ORAL<br>TABLET 1.5-30 MG-MCG                          | (norethindrone ac-eth<br>estradiol)  | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |
| MICROGESTIN 1/20 (21) ORAL<br>TABLET 1-20 MG-MCG                              | (norethindrone ac-eth<br>estradiol)  | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS  |



| Drug  |                                  | Status         | Notes   |
|---|----------------------------------|----------------|---|
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                     | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                         | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| MILI ORAL TABLET 0.25-0.035 MG  | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)  | (levonorgest-eth.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)   |
| MONO-LINYAH ORAL TABLET 0.25-0.035 MG   | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| MY CHOICE ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 1 EHB/ACA |   |
| MY WAY ORAL TABLET 1.5 MG   | (levonorgestrel)                 | Tier 1 EHB/ACA |   |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG                                      |                                  | Tier 1 EHB/ACA | ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS                      |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG   |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| NEW DAY ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 1 EHB/ACA |   |
| NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)   |                                  | Tier 1 EHB/ACA | ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day) |
| NIKKI (28) ORAL TABLET 3-0.02 MG  | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| NORA-BE ORAL TABLET 0.35 MG   | (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | (Wymzya Fe)                      | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | (Kaitlib Fe)                     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                                | (Camila)                         | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>                         | (Aurovela 1.5/30 (21))           | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>                           | (Aurovela 1/20 (21))             | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |

| Drug   |                                  | Status         | Notes                               |
|--|----------------------------------|----------------|-------------------------------------|
| norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)         | (Gemmily)                        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)          | (Aurovela Fe 1-20 (28))          | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)        | (Aurovela Fe 1.5/30 (28))        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)      | (Tilia Fe)                       | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) | (Charlotte 24 Fe)                | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg         | (Tri-Lo-Estarylla)               | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)     | (Tri-Estarylla)                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg                       | (Estarylla)                      | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                  |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)                                 |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                      | (norethindrone-ethin estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                           |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG  | (norethindrone-ethin estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                             |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| OCELLA ORAL TABLET 3-0.03 MG   | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 1 EHB/ACA |                                     |
| OPILL ORAL TABLET 0.075 MG   |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| OPTION-2 ORAL TABLET 1.5 MG  | (levonorgestrel)                 | Tier 1 EHB/ACA |                                     |



| Drug  |                                  | Status                     | Notes   |
|---|----------------------------------|----------------------------|---|
| ORTHO MICRONOR ORAL TABLET 0.35 MG                                | (norethindrone (contraceptive))  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ORTHO-NOVUM 7/7/7 (28) ORAL<br>TABLET 0.5/0.75/1 MG- 35 MCG                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days |
| PHILITH ORAL TABLET 0.4-35 MG-MCG   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| PIMTREA (28) ORAL TABLET 0.15-0.02 (desog-<br>MGX21 /0.01 MG X 5 e.estradiol/e.estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| PLAN B ONE-STEP ORAL TABLET 1.5 (levonorgestrel)<br>MG                                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| PORTIA 28 ORAL TABLET 0.15-0.03 (levonorgestrel-ethinyl<br>MG estrad)                     | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| RECLIPSEN (28) ORAL TABLET 0.15- (desogestrel-ethinyl<br>0.03 MG estradiol)               | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |

| Drug   |                                  | Status                     | Notes   |
|--|----------------------------------|----------------------------|---|
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG  | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)                           | (drospirenone-e.estradiol-lm.fa) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)   |
| SHAROBEL ORAL TABLET 0.35 MG   | (norethindrone (contraceptive))  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)   |
| SLYND ORAL TABLET 4 MG (28)  |                                  | Tier 1 EHB/ACA             | ST: Requires prior prescription for generic Norethindrone 0.35mg tablets within the past 120 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)  |
| SPRINTEC (28) ORAL TABLET 0.25-0.035 MG                                | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| SYEDA ORAL TABLET 3-0.03 MG  | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| TAKE ACTION ORAL TABLET 1.5 MG   | (levonorgestrel)                 | Tier 1 EHB/ACA             |   |
| TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |

| Drug  |                                  | Status                     | Notes  |
|---|----------------------------------|----------------------------|--|
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)    | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)              | (norethindrone-e.estradiol-iron) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)           | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)     | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)      | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)        | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG      | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG         | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG           | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG       | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)          | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)       | (levonorg-eth estrad triphasic)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS  |

| Drug  |                                  | Status         | Notes                               |
|---|----------------------------------|----------------|-------------------------------------|
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG            | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)           | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TULANA ORAL TABLET 0.35 MG  | (norethindrone (contraceptive))  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG                             | (norgestrel-ethinyl estradiol)   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG                       |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)                       | (drospirenone-e.estradiol-lm.fa) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VALTYA ORAL TABLET 1-50 MG-MCG                                    | (ethynodiol diac-eth estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VESTURA (28) ORAL TABLET 3-0.02 MG                                | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VIENVA ORAL TABLET 0.1-20 MG-MCG                                  | (levonorgestrel-ethinyl estrad)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5             | (desog-e.estradiol/e.estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5              | (desog-e.estradiol/e.estradiol)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG                            |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VYLIBRA ORAL TABLET 0.25-0.035 MG                                 | (norgestimate-ethinyl estradiol) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG                               |                                  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)      | (noreth-ethinyl estradiol-iron)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)               | (norethindrone-e.estradiol-iron) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |

| Drug  |                                  | Status                     | Notes   |
|---|----------------------------------|----------------------------|---|
| YASMIN (28) ORAL TABLET 3-0.03 MG   | (drospirenone-ethinyl estradiol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| YAZ (28) ORAL TABLET 3-0.02 MG  | (drospirenone-ethinyl estradiol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZARAH ORAL TABLET 3-0.03 MG   | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG   | (ethynodiol diac-eth estradiol)  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG  | (drospirenone-ethinyl estradiol) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 28 IN 28 DAYS   |
| <b>Contraceptives, Transdermal</b>  |                                  |                            |   |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane)                         | Tier 1 EHB/ACA             |   |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                                |                                  | Tier 1 EHB/ACA             |   |

| Drug   |                                  | Status                     | Notes                  |
|--|----------------------------------|----------------------------|------------------------|
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR             | (norelgestromin-ethin.estradiol) | Tier 1 EHB/ACA             |                        |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR             | (norelgestromin-ethin.estradiol) | Tier 1 EHB/ACA             |                        |
| <b>Diaphragms/Cervical Cap</b>                               |                                  |                            |                        |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                    |                                  | Tier 1 EHB/ACA             |                        |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                    |                                  | Tier 1 EHB/ACA             |                        |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM                   |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM               |                                  | Tier 1 EHB/ACA             |                        |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM               |                                  | Tier 1 EHB/ACA             |                        |
| <b>Oxytocics</b>   |                                  |                            |                        |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG              |                                  | Tier 4 Non-Preferred Brand |                        |
| <i>methylergonovine oral tablet 0.2 mg</i>                   |                                  | Tier 2 Generic             | QL (28 EA per 30 days) |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G                              |                                  | Tier 4 Non-Preferred Brand |                        |
| <b>Cough And Cold</b>  |                                  |                            |                        |
| <b>1st Gen Antihistamine &amp; Decongestant Combinations</b> |                                  |                            |                        |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>  | (Promethazine VC)                | Tier 2 Generic             |                        |
| <b>1st Gen Antihist-Decongest-Anticholinergic Comb</b>       |                                  |                            |                        |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG     |                                  | Tier 2 Generic             |                        |
| <b>Antitussives,Non-Narcotic</b>                             |                                  |                            |                        |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>       |                                  | Tier 2 Generic             |                        |



| Drug   |                                | Status                     | Notes  |
|--|--------------------------------|----------------------------|--|
| <b>Narcotic Antitussive-1st Generation Antihistamine</b>                             |                                |                            |  |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> |                                | Tier 2 Generic             | QL (10 ML per 1 day); Age (Min 18 Years)   |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                               |                                | Tier 2 Generic             | QL (30 ML per 1 day); Age (Min 18 Years)   |
| TUXARIN ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 8-54.3 MG                           |                                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)   |
| <b>Narcotic Antitussive-Anticholinergic Comb.</b>                                    |                                |                            |  |
| HYCODAN (WITH HOMATROPINE)<br>ORAL TABLET 5-1.5 MG                                   | (hydrocodone-homatropine)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day); Age (Min 18 Years) |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>                           | (Hydromet)                     | Tier 2 Generic             | QL (30 ML per 1 day); Age (Min 18 Years)   |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>                                  | (Hycodan (with homatropine))   | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 18 Years)  |
| HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML   | (hydrocodone-homatropine)      | Tier 2 Generic             | QL (30 ML per 1 day); Age (Min 18 Years)   |
| <b>Non-Narc Antituss-1st Gen. Antihistamine-Decongest</b>                            |                                |                            |  |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML  | (brompheniramine-pseudoeph-dm) | Tier 2 Generic             |  |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>                       | (Bromfed DM)                   | Tier 2 Generic             |  |



| Drug   |  | Status                     | Notes  |
|--|--|----------------------------|--|
| <b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>                |  |                            |  |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                      |  | Tier 2 Generic             |  |
| <b>Nose Preparations, Vasoconstrictors (Rx)</b>                        |  |                            |  |
| <i>epinephrine hcl nasal solution 1 mg/ml</i>                          |  | Tier 2 Generic             |  |
| <b>Dermatology - Acne</b>  |  |                            |  |
| <b>Acne Agents, Systemic</b>   |  |                            |  |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)        |  | Tier 2 Generic             |  |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)              |  | Tier 2 Generic             |  |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)        |  | Tier 2 Generic             |  |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane) |  | Tier 2 Generic             |  |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)        |  | Tier 2 Generic             |  |
| <b>Acne Agents, Topical</b>  |  |                            |  |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)  |  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ACZONE TOPICAL GEL 5 % (dapsonsone)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsonsone)                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo) | Tier 2 Generic             |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <i>adapalene-benzoyl peroxide topical gel</i> (Epiduo Forte)<br><i>with pump</i> 0.3-2.5 %            | Tier 2 Generic             |  |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 %  | Tier 4 Non-Preferred Brand |  |
| ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %  | Tier 4 Non-Preferred Brand |  |
| ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %  | Tier 4 Non-Preferred Brand |  |
| ADMIRAZOL TOPICAL CREAM 6-5-2 %   | Tier 4 Non-Preferred Brand |  |
| ALIXI HP TOPICAL CREAM 8.5-4 %  | Tier 4 Non-Preferred Brand |  |
| ALIXI TOPICAL CREAM 6-4 %   | Tier 4 Non-Preferred Brand |  |
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %  | Tier 4 Non-Preferred Brand |  |
| ALURIS HP TOPICAL CREAM 0.1-4 %   | Tier 4 Non-Preferred Brand |  |
| ARTILIS TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)  | Tier 2 Generic             |  |
| AVIDORA HP TOPICAL CREAM 0.05-1-4 %   | Tier 4 Non-Preferred Brand |  |
| AVIDORA TOPICAL SOLUTION 0.025-1-4 %  | Tier 4 Non-Preferred Brand |  |
| AWANIS TOPICAL CREAM 0.025-8.5-2 %  | Tier 4 Non-Preferred Brand |  |
| AZELEX TOPICAL CREAM 20 %   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %  | Tier 4 Non-Preferred Brand | PA   |
| <i>clindamycin-benzoyl peroxide topical gel</i> (Neuac)<br>1.2 %(1 % base) -5 %                       | Tier 2 Generic             |  |
| <i>clindamycin-benzoyl peroxide topical gel</i><br>1-5 %  | Tier 2 Generic             |  |
| <i>clindamycin-benzoyl peroxide topical gel</i> (Onexton)<br><i>with pump</i> 1.2 %(1 % base) -3.75 % | Tier 2 Generic             |  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>clindamycin-benzoyl peroxide topical gel</i> (Acanya)<br><i>with pump 1.2-2.5 %</i> | Tier 2 Generic             | ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days  |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>                        | Tier 2 Generic             |  |
| <i>dapsone topical gel 5 %</i> (Aczone)  | Tier 2 Generic             |  |
| <i>dapsone topical gel with pump 7.5 %</i> (Aczone)                                    | Tier 2 Generic             | ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %   | Tier 4 Non-Preferred Brand |  |
| DEOXIATAR TOPICAL CREAM 0.05-1-4 %   | Tier 4 Non-Preferred Brand |  |
| DIADIMAXIA TOPICAL CREAM 6-5-2 %   | Tier 4 Non-Preferred Brand |  |
| DIAOXIA TOPICAL CREAM 6-4 %  | Tier 4 Non-Preferred Brand |  |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %  | Tier 4 Non-Preferred Brand |  |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %  | Tier 4 Non-Preferred Brand |  |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %  | Tier 4 Non-Preferred Brand |  |
| DIASOXIA TOPICAL CREAM 8.5-4 %   | Tier 4 Non-Preferred Brand |  |

| Drug   |                              | Status                     | Notes   |
|--|------------------------------|----------------------------|---|
| EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % | (adapalene-benzoyl peroxide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %       | (adapalene-benzoyl peroxide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| IDYYXIATAR TOPICAL GEL 0.025-5 %             |                              | Tier 4 Non-Preferred Brand |   |
| INZDEAXIAR TOPICAL GEL 0.05-2.5-1-2 %        |                              | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium (acne))                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (clindamycin-benzoyl peroxide)                | Tier 2 Generic             |   |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % (clindamycin-benzoyl peroxide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %  | Tier 4 Non-Preferred Brand |   |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %   | Tier 4 Non-Preferred Brand |   |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %   | Tier 4 Non-Preferred Brand |   |
| OXIAVARY TOPICAL CREAM 0.1-4 %   | Tier 4 Non-Preferred Brand |   |
| SIRVANA TOPICAL GEL 0.025-5 %  | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | Tier 2 Generic             |   |
| <b>Keratolytic-Glucocorticoid Combinations</b>                      |                            |   |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %                              | Tier 3 Preferred Brand     |   |
| <b>Rosacea Agents, Topical</b>                                      |                            |   |
| AVEIDA TOPICAL GEL 1-1 %  | Tier 4 Non-Preferred Brand |   |
| <i>azelaic acid topical gel 15 %</i>                                | Tier 2 Generic             |   |
| BAXONIL TOPICAL OINTMENT 1-2 %                                      | Tier 4 Non-Preferred Brand |   |
| <i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)           | Tier 2 Generic             |   |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %                              | Tier 4 Non-Preferred Brand |   |
| DAZOMON TOPICAL GEL 0.25 %  | Tier 4 Non-Preferred Brand |   |
| FINACEA TOPICAL FOAM 15 %   | Tier 3 Preferred Brand     |   |
| IDARAN TOPICAL OINTMENT 1-2 %                                       | Tier 4 Non-Preferred Brand |   |
| <i>ivermectin topical cream 1 %</i> (Soolantra)                     | Tier 2 Generic             | ST: Requires prior prescription for Finacea gel or foam within the past 120 days  |
| METROCREAM TOPICAL CREAM 0.75 % (metronidazole)                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  |               | Status                     | Notes   |
|---|---------------|----------------------------|---|
| METROGEL TOPICAL GEL 1 % (metronidazole)          |               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| METROLOTION TOPICAL LOTION 0.75 % (metronidazole) |               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>metronidazole topical cream 0.75 %</i>         | (Rosadan)     | Tier 2 Generic             |   |
| <i>metronidazole topical gel 0.75 %</i>           | (Rosadan)     | Tier 2 Generic             |   |
| <i>metronidazole topical gel 1 %</i>              | (Metrogel)    | Tier 2 Generic             |   |
| <i>metronidazole topical gel with pump 1 %</i>    |               | Tier 2 Generic             |   |
| <i>metronidazole topical lotion 0.75 %</i>        | (MetroLotion) | Tier 2 Generic             |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MIRVASO TOPICAL GEL WITH PUMP (brimonidine)<br>0.33 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| REMYDA TOPICAL GEL 0.25 %                             | Tier 4 Non-Preferred Brand |   |
| RESTIMO TOPICAL GEL 1-1 %                             | Tier 4 Non-Preferred Brand |   |
| ROSADAN TOPICAL CREAM 0.75 % (metronidazole)          | Tier 2 Generic             |   |
| ROSADAN TOPICAL GEL 0.75 % (metronidazole)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ROVIS TOPICAL GEL 0.25-1-1-4 %                        | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SOOLANTRA TOPICAL CREAM 1 % (ivermectin)                                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Finacea gel or foam within the past 120 days |
| <b>Topical Antiandrogenic Agents</b>   |                            |   |
| WINLEVI TOPICAL CREAM 1 %  | Tier 4 Non-Preferred Brand | PA  |
| <b>Topical Preparations,Antibacterials</b>                                     |                            |   |
| BASADROX TOPICAL GEL IN PACKET   | Tier 4 Non-Preferred Brand |   |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 %  | Tier 4 Non-Preferred Brand |   |
| <i>hydrocortisone-iodoquinol topical cream</i> 1-1 % (Corti-Sav)               | Tier 2 Generic             |   |
| <i>hydrocortisone-iodoquinol-aloe topical cream in packet</i> 1.9-1 % (Vytone) | Tier 2 Generic             |   |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 %   | Tier 4 Non-Preferred Brand |   |
| IODOSORB TOPICAL GEL 0.9 %   | Tier 4 Non-Preferred Brand |   |
| LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                       | Tier 2 Generic             |   |
| NORMLGEL AG TOPICAL GEL 0.11 %   | Tier 4 Non-Preferred Brand |   |
| SILVASORB TOPICAL GEL,EXTENDED RELEASE   | Tier 2 Generic             |   |
| <i>silver nitrate topical solution</i> 0.5 %, 25 %, 50 %                       | Tier 2 Generic             |   |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                | Tier 2 Generic             |   |

| Drug   |                                  | Status                     | Notes   |
|--|----------------------------------|----------------------------|---|
| VYTONE TOPICAL CREAM IN PACKET 1.9-1 %       | (hydrocortisone-iodoquinol-aloe) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Vitamin A Derivatives</b>                 |                                  |                            |   |
| <i>adapalene topical cream 0.1 %</i>         | (Differin)                       | Tier 2 Generic             |   |
| <i>adapalene topical gel 0.3 %</i>           |                                  | Tier 2 Generic             |   |
| <i>adapalene topical gel with pump 0.3 %</i> | (Differin)                       | Tier 2 Generic             |   |
| <i>adapalene topical lotion 0.1 %</i>        | (Differin)                       | Tier 2 Generic             | Age (Max 39 Years)  |
| ALTRENO TOPICAL LOTION 0.05 %                |                                  | Tier 4 Non-Preferred Brand |   |
| ATRALIN TOPICAL GEL 0.05 %                   | (tretinoin)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AVITA TOPICAL CREAM 0.025 %                  | (tretinoin)                      | Tier 2 Generic             |   |
| AVITA TOPICAL GEL 0.025 %                    | (tretinoin)                      | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DIFFERIN TOPICAL CREAM 0.1 % (adapalene)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DIFFERIN TOPICAL LOTION 0.1 % (adapalene)        | Tier 4 Non-Preferred Brand | Age (Max 39 Years)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| RETIN-A MICRO PUMP TOPICAL GEL (tretinoin microspheres)<br>WITH PUMP 0.04 %, 0.1 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)   |
| RETIN-A MICRO PUMP TOPICAL GEL<br>WITH PUMP 0.06 %                                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)  |
| RETIN-A MICRO PUMP TOPICAL GEL (tretinoin microspheres)<br>WITH PUMP 0.08 %        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| RETIN-A MICRO TOPICAL GEL 0.04 %, (tretinoin microspheres)<br>0.1 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years) |
| RETIN-A TOPICAL CREAM 0.025 %, (tretinoin)<br>0.05 %, 0.1 %         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                     |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)                | Tier 2 Generic             | Age (Max 39 Years)  |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump) | Tier 2 Generic             | Age (Max 39 Years)  |
| <i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)        | Tier 2 Generic             | ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)  |
| <i>tretinoin topical cream 0.025 %</i> (Avita)   | Tier 2 Generic             |   |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)                                 | Tier 2 Generic             |   |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A)  | Tier 2 Generic             |   |
| <i>tretinoin topical gel 0.025 %</i> (Avita)   | Tier 2 Generic             |   |
| <i>tretinoin topical gel 0.05 %</i> (Atralin)  | Tier 2 Generic             |   |
| <b>Vitamin A Derivatives, Topical Acne Agents</b>                                      |                            |   |
| AKLIEF TOPICAL CREAM 0.005 %   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for one of the following generic topicals: Adapalene gel/cream/lotion/solution, Tazarotene, or Tretinoin within the past 120 days; Age (Max 39 Years)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Dermatology - Antiinfective</b>                              |                            |  |
| <b>Topical Antibiotics</b>                                      |                            |  |
| BENZAMYCIN TOPICAL GEL 3-5 %<br>(erythromycin-benzoyl peroxide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                        |
| CENTANY AT TOPICAL OINTMENT KIT 2 %                             | Tier 4 Non-Preferred Brand |  |
| CENTANY TOPICAL OINTMENT 2 %<br>(mupirocin)                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 GM per 1 FILL) |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                         |
| CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 ML per 1 FILL) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| CLINDACIN ETZ TOPICAL SWAB 1 % (clindamycin phosphate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CLINDACIN P TOPICAL SWAB 1 % (clindamycin phosphate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| CLINDACIN TOPICAL FOAM 1 % (clindamycin phosphate)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days |
| <i>clindamycin phosphate topical foam 1 %</i> (Clindacin)            | Tier 2 Generic             |  |
| <i>clindamycin phosphate topical gel 1 %</i>                         | Tier 2 Generic             |  |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel) | Tier 2 Generic             | ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days  |
| <i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)          | Tier 2 Generic             |  |
| <i>clindamycin phosphate topical solution 1 %</i>                    | Tier 2 Generic             | QL (180 ML per 1 FILL)   |

| Drug   |                             | Status                     | Notes   |
|--|-----------------------------|----------------------------|---|
| <i>clindamycin phosphate topical swab 1 %</i>          | (Clindacin ETZ)             | Tier 2 Generic             |   |
| ERY PADS TOPICAL SWAB 2 %                              | (erythromycin with ethanol) | Tier 2 Generic             |   |
| ERYGEL TOPICAL GEL 2 %                                 | (erythromycin with ethanol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>erythromycin with ethanol topical gel 2 %</i>       | (Erygel)                    | Tier 2 Generic             |   |
| <i>erythromycin with ethanol topical solution 2 %</i>  |                             | Tier 2 Generic             | QL (180 ML per 1 FILL)  |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> | (Benzamycin)                | Tier 2 Generic             |   |
| EVOCLIN TOPICAL FOAM 1 %                               | (clindamycin phosphate)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>gentamicin topical cream 0.1 %</i>                  |                             | Tier 2 Generic             | QL (90 GM per 1 FILL)   |
| <i>gentamicin topical ointment 0.1 %</i>               |                             | Tier 2 Generic             | QL (90 GM per 1 FILL)   |
| <i>mupirocin calcium topical cream 2 %</i>             |                             | Tier 2 Generic             | QL (90 GM per 1 FILL)   |
| <i>mupirocin topical ointment 2 %</i>                  | (Centany)                   | Tier 2 Generic             | QL (90 GM per 1 FILL)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| XEPI TOPICAL CREAM 1 %   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Mupirocin ointment within the past 120 days  |
| <b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>         |                            |  |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>           | Tier 2 Generic             |  |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>          | Tier 2 Generic             |  |
| <b>Topical Antifungals</b>   |                            |  |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                             | Tier 4 Non-Preferred Brand |  |
| CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (19.8 ML per 1 FILL) |

| Drug   |                                 | Status                     | Notes  |
|--|---------------------------------|----------------------------|--|
| CICLODAN TOPICAL CREAM 0.77 %                              | (ciclopirox)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 GM per 1 FILL)  |
| CICLODAN TOPICAL SOLUTION 8 %                              | (ciclopirox)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (19.8 ML per 1 FILL) |
| <i>ciclopirox topical cream 0.77 %</i>                     | (Ciclodan)                      | Tier 2 Generic             | QL (180 GM per 1 FILL)   |
| <i>ciclopirox topical gel 0.77 %</i>                       |                                 | Tier 2 Generic             |  |
| <i>ciclopirox topical shampoo 1 %</i>                      |                                 | Tier 2 Generic             |  |
| <i>ciclopirox topical solution 8 %</i>                     | (Ciclodan)                      | Tier 2 Generic             | QL (19.8 ML per 1 FILL)  |
| <i>ciclopirox topical suspension 0.77 %</i>                | (Loprox (as olamine))           | Tier 2 Generic             | QL (180 ML per 1 FILL)   |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> | (Ciclodan Kit)                  | Tier 2 Generic             | QL (19.8 ML per 1 FILL)  |
| <i>clotrimazole topical cream 1 %</i>                      | (Antifungal (clotrimazole))     | Tier 2 Generic             |  |
| <i>clotrimazole topical solution 1 %</i>                   | (Athlete's Foot (clotrimazole)) | Tier 2 Generic             |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DAFILOR TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid) | Tier 4 Non-Preferred Brand |   |
| <i>econazole nitrate topical cream 1 %</i>                   | Tier 2 Generic             | QL (170 GM per 1 FILL)  |
| ECOZA TOPICAL FOAM 1 %                                       | Tier 4 Non-Preferred Brand |   |
| EXELDERM TOPICAL CREAM 1 % (sulconazole)                     | Tier 3 Preferred Brand     |   |
| EXELDERM TOPICAL SOLUTION 1 % (sulconazole)                  | Tier 3 Preferred Brand     |   |
| EXODERM TOPICAL LOTION 25-1 %                                | Tier 2 Generic             |   |
| FERVINA TOPICAL LOTION 3-5-20 %                              | Tier 4 Non-Preferred Brand |   |
| FIDILA TOPICAL SHAMPOO 2-2 %                                 | Tier 4 Non-Preferred Brand |   |
| FILOMA TOPICAL SOLUTION 8-1-1 %                              | Tier 4 Non-Preferred Brand |   |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid) | Tier 4 Non-Preferred Brand |   |
| HEXIOUNYL TOPICAL LOTION 3-5-20 %                            | Tier 4 Non-Preferred Brand |   |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %                          | Tier 4 Non-Preferred Brand |   |
| <i>ketoconazole topical cream 2 %</i>                        | Tier 2 Generic             | QL (180 GM per 1 FILL)  |
| <i>ketoconazole topical shampoo 2 %</i>                      | Tier 2 Generic             | QL (360 ML per 1 FILL)  |
| KETODAN KIT TOPICAL COMBO PACK 2 %                           | Tier 4 Non-Preferred Brand |   |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)         | Tier 2 Generic             |   |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 GM per 1 FILL) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 ML per 1 FILL)  |
| <i>luliconazole topical cream 1 %</i> (Luzu)               | Tier 2 Generic             | ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)  |
| LUZU TOPICAL CREAM 1 % (luliconazole)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days) |



| Drug   |              | Status                     | Notes   |
|--|--------------|----------------------------|---|
| MENTAX TOPICAL CREAM 1 %   | (butenafine) | Tier 4 Non-Preferred Brand |   |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> | (Vusion)     | Tier 2 Generic             |   |
| <i>naftifine topical cream 1 %</i>                                     |              | Tier 2 Generic             |   |
| <i>naftifine topical cream 2 %</i>                                     |              | Tier 2 Generic             | QL (180 GM per 1 FILL)  |
| <i>naftifine topical gel 2 %</i>                                       | (Naftin)     | Tier 2 Generic             |   |
| NAFTIN TOPICAL GEL 2 %   | (naftifine)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM                                | (nystatin)   | Tier 2 Generic             |   |
| <i>nystatin topical cream 100,000 unit/gram</i>                        |              | Tier 2 Generic             |   |
| <i>nystatin topical ointment 100,000 unit/gram</i>                     |              | Tier 2 Generic             | QL (90 GM per 1 FILL)   |
| <i>nystatin topical powder 100,000 unit/gram</i>                       | (Klayesta)   | Tier 2 Generic             |   |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>       |              | Tier 2 Generic             |   |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> |              | Tier 2 Generic             | QL (180 GM per 1 FILL)  |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM                                | (nystatin)   | Tier 2 Generic             |   |
| <i>oxiconazole topical cream 1 %</i>                                   |              | Tier 2 Generic             | QL (180 GM per 1 FILL)  |
| OXISTAT TOPICAL LOTION 1 %   |              | Tier 4 Non-Preferred Brand |   |
| PHEDRAX TOPICAL SHAMPOO 2-2 %  |              | Tier 4 Non-Preferred Brand |   |
| <i>sulconazole topical cream 1 %</i>                                   | (Exelderm)   | Tier 2 Generic             |   |
| <i>sulconazole topical solution 1 %</i>                                | (Exelderm)   | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>tavaborole topical solution with applicator 5 %</i>                   | Tier 2 Generic             | PA  |
| VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Topical Antiparasitics</b>  |                            |   |
| ELIMITE TOPICAL CREAM 5 % (permethrin)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                            | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| OVIDE TOPICAL LOTION 0.5 % (malathion)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>permethrin topical cream 5 %</i> (Elimite)      | Tier 2 Generic             |   |
| <i>spinosad topical suspension 0.9 %</i> (Natroba) | Tier 2 Generic             |   |
| ULESFIA TOPICAL LOTION 5 %                         | Tier 4 Non-Preferred Brand |   |
| <b>Topical Antivirals</b>                          |                            |   |
| <i>acyclovir topical ointment 5 %</i> (Zovirax)    | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Topical Pleuromutilin Derivatives</b>                      |                            |   |
| ALTABAX TOPICAL OINTMENT 1 %                                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Mupirocin ointment within the past 120 days   |
| <b>Topical Sulfonamides</b>                                   |                            |   |
| ABENOR HP TOPICAL LOTION 15-4 %                               | Tier 4 Non-Preferred Brand |   |
| AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium-sulfur) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                                 | Status                     | Notes  |
|--|---------------------------------|----------------------------|--|
| AVAR TOPICAL CLEANSER 10-5 %<br>(W/W)                      | (sulfacetamide sodium-sulfur)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1419 GM per 1 FILL) |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 %                  | (sulfacetamide sod-sulfur-urea) | Tier 2 Generic             |  |
| <i>mafenide acetate topical packet 50 gram</i>             | (Sulfamylon)                    | Tier 2 Generic             |  |
| OXIAICE TOPICAL LOTION 15-4 %                              |                                 | Tier 4 Non-Preferred Brand |  |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % | (sulfacetamide sodium-sulfur)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                          |

| Drug   |                               | Status                     | Notes   |
|--|-------------------------------|----------------------------|---|
| PLEXION TOPICAL CLEANSER 9.8-4.8 %                               | (sulfacetamide sodium-sulfur) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ROSULA TOPICAL CLEANSER 10-4.5 %                                 |                               | Tier 4 Non-Preferred Brand |   |
| SILVADENE TOPICAL CREAM 1 %                                      | (silver sulfadiazine)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>silver sulfadiazine topical cream 1 %</i>                     | (SSD)                         | Tier 2 Generic             |   |
| SSD TOPICAL CREAM 1 %  | (silver sulfadiazine)         | Tier 2 Generic             |   |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>       | (Avar LS)                     | Tier 2 Generic             |   |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> | (Avar)                        | Tier 2 Generic             | QL (1419 GM per 1 FILL)   |
| <i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>        |                               | Tier 2 Generic             |   |
| <i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>    | (Plexion)                     | Tier 2 Generic             |   |

| Drug   |                               | Status                     | Notes   |
|--|-------------------------------|----------------------------|---|
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>            | (Sumaxin)                     | Tier 2 Generic             |   |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>          | (Sumadan)                     | Tier 2 Generic             |   |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> | (Plexion Cleansing Cloths)    | Tier 2 Generic             |   |
| <i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>      |                               | Tier 2 Generic             | QL (1419 ML per 1 FILL)   |
| SULFAMYLON TOPICAL CREAM 85 MG/G                                     |                               | Tier 4 Non-Preferred Brand |   |
| SULFAMYLON TOPICAL PACKET 50 GRAM                                    | (mafenide acetate)            | Tier 4 Non-Preferred Brand |   |
| SUMADAN TOPICAL CLEANSER 9-4.5 %                                     | (sulfacetamide sodium-sulfur) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SUMAXIN TOPICAL CLEANSER 9-4 %                                       | (sulfacetamide sodium-sulfur) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Dermatology - Antiinflammatory</b>                     |                            |   |
| <b>Interleukin-13 (Il-13) Inhibitors, Mab</b>             |                            |   |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML              | Tier 5 Specialty           | PA; SP  |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML                      | Tier 5 Specialty           | PA; SP  |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML         | Tier 5 Specialty           | PA; SP  |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML          | Tier 5 Specialty           | PA; SP  |
| <b>Interleukin-31(II-31)Receptor Alpha Antagonist,Mab</b> |                            |   |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG                  | Tier 5 Specialty           | PA; SP  |
| <b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b> |                            |   |
| EUCRISA TOPICAL OINTMENT 2 %                              | Tier 3 Preferred Brand     | ST: Requires prior prescription for a Topical Corticosteroid or Calcineurin Inhibitor within the past 120 days          |
| ZORYVE TOPICAL CREAM 0.15 %                               | Tier 4 Non-Preferred Brand | PA  |
| ZORYVE TOPICAL FOAM 0.3 %                                 | Tier 4 Non-Preferred Brand | PA  |
| <b>Topical Antibiotics/Antiinflammatory,Steroidal</b>     |                            |   |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days |
| <b>Topical Anti-Inflammatory Steroidal</b>                |                            |   |
| ACIOXIA TOPICAL GEL 0.1-0.5 %                             | Tier 4 Non-Preferred Brand |   |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %            | Tier 2 Generic             |   |
| ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)               | Tier 2 Generic             |   |
| ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)             | Tier 2 Generic             | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days                         |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>alclometasone topical cream 0.05 %</i>                               | Tier 2 Generic             |   |
| <i>alclometasone topical ointment 0.05 %</i>                            | Tier 2 Generic             |   |
| <i>amcinonide topical cream 0.1 %</i>                                   | Tier 2 Generic             | ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days  |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| BESER TOPICAL LOTION 0.05 % (fluticasone propionate)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                  | Tier 2 Generic             |   |

| <b>Drug</b>   | <b>Status</b>              | <b>Notes</b> |
|---|----------------------------|--------------|
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                         | Tier 2 Generic             |              |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>                       | Tier 2 Generic             |              |
| <i>betamethasone valerate topical cream 0.1 %</i>                               | Tier 2 Generic             |              |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)                       | Tier 2 Generic             |              |
| <i>betamethasone valerate topical lotion 0.1 %</i>                              | Tier 2 Generic             |              |
| <i>betamethasone valerate topical ointment 0.1 %</i>                            | Tier 2 Generic             |              |
| <i>betamethasone, augmented topical cream 0.05 %</i>                            | Tier 2 Generic             |              |
| <i>betamethasone, augmented topical gel 0.05 %</i>                              | Tier 2 Generic             |              |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                           | Tier 2 Generic             |              |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | Tier 2 Generic             |              |
| CAPEX TOPICAL SHAMPOO 0.01 %  | Tier 4 Non-Preferred Brand |              |
| <i>clobetasol scalp solution 0.05 %</i>   | Tier 2 Generic             |              |
| <i>clobetasol topical cream 0.05 %</i>  | Tier 2 Generic             |              |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                                    | Tier 2 Generic             |              |
| <i>clobetasol topical gel 0.05 %</i>  | Tier 2 Generic             |              |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | Tier 2 Generic             |              |
| <i>clobetasol topical ointment 0.05 %</i>                                       | Tier 2 Generic             |              |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | Tier 2 Generic             |              |
| <i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)                    | Tier 2 Generic             |              |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | Tier 2 Generic             |              |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)                        | Tier 2 Generic             |              |

| Drug                                       | Status                     | Notes   |
|--|----------------------------|---|
| CLOBEX TOPICAL LOTION 0.05 % (clobetasol)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % (clobetasol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>clocortolone pivalate topical cream 0.1 %</i>      | Tier 2 Generic             | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days   |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %   | Tier 4 Non-Preferred Brand |   |
| CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| CORDRAN TAPE LARGE ROLL<br>TOPICAL TAPE 4 MCG/CM2 | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)  |
| CORDRAN TOPICAL CREAM 0.025 %                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| DERMA-SMOOTH/FS BODY OIL (fluocinolone)<br>TOPICAL OIL 0.01 %               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DERMA-SMOOTH/FS SCALP OIL (fluocinolone and shower cap)<br>SCALP OIL 0.01 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>desonide topical cream 0.05 %</i> (DesOwen)                              | Tier 2 Generic             |   |
| <i>desonide topical gel 0.05 %</i>  | Tier 2 Generic             | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days   |
| <i>desonide topical lotion 0.05 %</i>                                       | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>desonide topical ointment 0.05 %</i>                            | Tier 2 Generic             |   |
| DESOWEN TOPICAL CREAM 0.05 % (desonide)                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)      | Tier 2 Generic             |   |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort)                | Tier 2 Generic             |   |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)   | Tier 2 Generic             |   |
| <i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort) | Tier 2 Generic             | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days   |



| Drug  |                              | Status                     | Notes   |
|---|------------------------------|----------------------------|---|
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %       | (betamethasone, augmented)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DYNOMA TOPICAL CREAM 0.05-4 %                       |                              | Tier 4 Non-Preferred Brand |   |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> | (Derma-Smoothe/FS Scalp Oil) | Tier 2 Generic             |   |
| <i>fluocinolone topical cream 0.01 %</i>            |                              | Tier 2 Generic             |   |
| <i>fluocinolone topical cream 0.025 %</i>           | (Synalar)                    | Tier 2 Generic             |   |
| <i>fluocinolone topical oil 0.01 %</i>              | (Derma-Smoothe/FS Body Oil)  | Tier 2 Generic             |   |
| <i>fluocinolone topical ointment 0.025 %</i>        | (Synalar)                    | Tier 2 Generic             |   |
| <i>fluocinolone topical solution 0.01 %</i>         | (Synalar)                    | Tier 2 Generic             |   |
| <i>fluocinonide topical cream 0.05 %</i>            |                              | Tier 2 Generic             |   |
| <i>fluocinonide topical cream 0.1 %</i>             | (Vanos)                      | Tier 2 Generic             |   |
| <i>fluocinonide topical gel 0.05 %</i>              |                              | Tier 2 Generic             |   |
| <i>fluocinonide topical ointment 0.05 %</i>         |                              | Tier 2 Generic             |   |
| <i>fluocinonide topical solution 0.05 %</i>         |                              | Tier 2 Generic             |   |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 %                 | (fluocinonide-emollient)     | Tier 2 Generic             |   |
| <i>fluocinonide-emollient topical cream 0.05 %</i>  | (Fluocinonide-E)             | Tier 2 Generic             |   |
| FLUOXIA TOPICAL CREAM 0.05-4 %                      |                              | Tier 4 Non-Preferred Brand |   |

| Drug  | Status         | Notes   |
|---|----------------|---|
| <i>flurandrenolide topical cream 0.05 %</i>                 | Tier 2 Generic | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| <i>flurandrenolide topical lotion 0.05 %</i>                | Tier 2 Generic |   |
| <i>flurandrenolide topical ointment 0.05 %</i>              | Tier 2 Generic | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)  |
| <i>fluticasone propionate topical cream 0.05 %</i>          | Tier 2 Generic |   |
| <i>fluticasone propionate topical lotion 0.05 %</i> (Beser) | Tier 2 Generic |   |
| <i>fluticasone propionate topical ointment 0.005 %</i>      | Tier 2 Generic |   |
| <i>halcinonide topical cream 0.1 %</i> (Halog)              | Tier 2 Generic | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days                         |
| <i>halcinonide topical solution 0.1 %</i> (Halog)           | Tier 2 Generic | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days                         |
| <i>halobetasol propionate topical cream 0.05 %</i>          | Tier 2 Generic |   |
| <i>halobetasol propionate topical ointment 0.05 %</i>       | Tier 2 Generic |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| HALOG TOPICAL CREAM 0.1 % (halcinonide)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| HALOG TOPICAL OINTMENT 0.1 %                       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days  |
| HALOG TOPICAL SOLUTION 0.1 % (halcinonide)         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days  |
| <i>hydrocortisone butyrate topical cream</i> 0.1 % | Tier 2 Generic             |  |

| Drug   | Status         | Notes  |
|--|----------------|--|
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)                       | Tier 2 Generic | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                              | Tier 2 Generic | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days                          |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                              | Tier 2 Generic |  |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                                 | Tier 2 Generic |  |
| <i>hydrocortisone topical cream 2.5 %</i>  | Tier 2 Generic |  |
| <i>hydrocortisone topical cream with perineal applicator 1 %</i>                   | Tier 2 Generic |  |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | Tier 2 Generic |  |
| <i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)                               | Tier 2 Generic | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days  |
| <i>hydrocortisone topical lotion 2.5 %</i>   | Tier 2 Generic |  |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))                        | Tier 2 Generic |  |
| <i>hydrocortisone topical ointment 2.5 %</i>                                       | Tier 2 Generic |  |
| <i>hydrocortisone topical solution 2.5 %</i> (Texacort)                            | Tier 2 Generic | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days  |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                                 | Tier 2 Generic |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>hydrocortisone valerate topical ointment</i><br>0.2 %              | Tier 2 Generic             | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days   |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LOCOID LIPOCREAM TOPICAL CREAM 0.1 % (hydrocortisone butyr-emollient) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LOCOID TOPICAL LOTION 0.1 %<br>(hydrocortisone butyrate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |
| LUXIQ TOPICAL FOAM 0.12 %<br>(betamethasone valerate)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| <i>mometasone topical cream 0.1 %</i>                    | Tier 2 Generic             |   |
| <i>mometasone topical ointment 0.1 %</i>                 | Tier 2 Generic             |   |

| Drug                                     |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| <i>mometasone topical solution 0.1 %</i> |                                 | Tier 2 Generic             |   |
| NUCORT TOPICAL LOTION 2 %                | (hydrocortisone acet-aloe vera) | Tier 4 Non-Preferred Brand |   |
| OLUX TOPICAL FOAM 0.05 %                 | (clobetasol)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| OLUX-E TOPICAL FOAM 0.05 %               | (clobetasol-emollient)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PANDEL TOPICAL CREAM 0.1 %  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)  |
| <i>prednicarbate topical cream 0.1 %</i>                                    | Tier 2 Generic             |   |
| <i>prednicarbate topical ointment 0.1 %</i>                                 | Tier 2 Generic             |   |
| PROCTOCORT TOPICAL CREAM 1 % (hydrocortisone)                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 2 Generic             |   |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)  | Tier 2 Generic             |   |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 2 Generic             |   |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 %                                     | Tier 3 Preferred Brand     |   |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| SCALACORT TOPICAL LOTION 2 % (hydrocortisone)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %                             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days  |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 %                            | Tier 4 Non-Preferred Brand | QL (375 GM per 30 days)  |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % | Tier 4 Non-Preferred Brand | QL (375 GM per 30 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SYNALAR TOPICAL CREAM 0.025 % (fluocinolone)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SYNALAR TS TOPICAL KIT 0.01 %                          | Tier 4 Non-Preferred Brand |   |
| TELIORA TOPICAL GEL 0.1-0.5 %                          | Tier 4 Non-Preferred Brand |   |
| TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days   |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                            | Notes  |
|--|-----------------------------------|--|
| <p>TOPICORT TOPICAL GEL 0.05 % (desoximetasone)</p>              | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p> |
| <p>TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p> |

| Drug   | Status                            | Notes   |
|--|-----------------------------------|---|
| <p>TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days</p> |
| <p>TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)</p>  | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>triamcinolone acetonide topical aerosol</i> (Kenalog)<br>0.147 mg/gram | Tier 2 Generic             |   |
| <i>triamcinolone acetonide topical cream</i><br>0.025 %, 0.1 %            | Tier 2 Generic             |   |
| <i>triamcinolone acetonide topical cream</i> (Triderm)<br>0.5 %           | Tier 2 Generic             | QL (454 GM per 30 days)   |
| <i>triamcinolone acetonide topical lotion</i><br>0.025 %, 0.1 %           | Tier 2 Generic             |   |
| <i>triamcinolone acetonide topical ointment</i><br>0.025 %, 0.1 %, 0.5 %  | Tier 2 Generic             |   |
| TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)                     | Tier 2 Generic             |   |
| TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)                     | Tier 2 Generic             | QL (454 GM per 30 days)   |
| VANOS TOPICAL CREAM 0.1 % (fluocinonide)                                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Topical Anti-Inflammatory, Nsaids</b>                                  |                            |   |
| <i>diclofenac epolamine transdermal patch</i> (Flector)<br>12 hour 1.3 %  | Tier 2 Generic             |   |
| <i>diclofenac sodium topical drops</i> 1.5 %                              | Tier 2 Generic             |   |
| <i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))    | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| FLECTOR TRANSDERMAL PATCH 12 (diclofenac epolamine)<br>HOUR 1.3 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LICART TRANSDERMAL PATCH 24<br>HOUR 1.3 %                         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)   |
| <b>Topical Janus Kinase (Jak) Inhibitors</b>                      |                            |   |
| OPZELURA TOPICAL CREAM 1.5 %                                      | Tier 3 Preferred Brand     | PA  |
| <b>Dermatology - Antipruritic Drugs</b>                           |                            |   |
| <b>Antipruritics, Systemic</b>                                    |                            |   |
| KORSUVA INTRAVENOUS SOLUTION<br>50 MCG/ML                         | Tier 5 Specialty           | PA; SP  |
| <b>Dermatology - Miscellaneous</b>                                |                            |   |
| <b>Antiperspirants</b>  |                            |   |
| DRYSOL DAB-O-MATIC TOPICAL (aluminum chloride)<br>SOLUTION 20 %   | Tier 3 Preferred Brand     |   |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)                  | Tier 3 Preferred Brand     |   |
| <b>Antiseborrheic Agents</b>                                      |                            |   |
| OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium)<br>SHAMPOO 10 % | Tier 3 Preferred Brand     |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| OVACE PLUS TOPICAL CREAM 10 %                                     | Tier 4 Non-Preferred Brand |   |
| OVACE PLUS TOPICAL LOTION 9.8 %                                   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Ciclopirox shampoo/gel or Ketoconazole shampoo/cream within the past 120 days   |
| OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| selenium sulfide topical lotion 2.5 %                             | Tier 2 Generic             |   |
| selenium sulfide topical shampoo 2.25 %, 2.3 %                    | Tier 2 Generic             |   |
| sulfacetamide sodium topical cleanser 10 % (Ovace)                | Tier 2 Generic             |   |
| sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash) | Tier 2 Generic             |   |
| sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)    | Tier 2 Generic             |   |
| sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)           | Tier 2 Generic             |   |
| TERSI FOAM TOPICAL FOAM 2.25 %                                    | Tier 4 Non-Preferred Brand |   |
| <b>Emollients</b>   |                            |   |
| ammonium lactate topical cream 12 %                               | Tier 2 Generic             |   |
| ammonium lactate topical lotion 12 % (AmLactin)                   | Tier 2 Generic             |   |
| ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL                      | Tier 4 Non-Preferred Brand |   |
| KERASTAT TOPICAL CREAM  | Tier 4 Non-Preferred Brand |   |
| KERASTAT TOPICAL GEL 5 %  | Tier 4 Non-Preferred Brand |   |
| MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %       | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MIMYX TOPICAL CREAM   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PRESERA TOPICAL FOAM  | Tier 4 Non-Preferred Brand |   |
| XCLAIR TOPICAL CREAM  | Tier 4 Non-Preferred Brand |   |
| <b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>                         |                            |   |
| LITFULO ORAL CAPSULE 50 MG  | Tier 5 Specialty           | PA; SP  |
| <b>Iodine Antiseptics</b>   |                            |   |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)   | Tier 2 Generic             |   |
| <b>Irrigants</b>  |                            |   |
| <i>acetic acid irrigation solution 0.25 %</i>                                     | Tier 2 Generic             |   |
| <i>lactated ringers irrigation solution</i>                                       | Tier 4 Non-Preferred Brand |   |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>          | Tier 2 Generic             |   |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L                                   | Tier 4 Non-Preferred Brand |   |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L                         | Tier 4 Non-Preferred Brand |   |
| <i>ringer's irrigation solution</i>   | Tier 2 Generic             |   |
| <i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)                 | Tier 2 Generic             |   |
| <i>sorbitol irrigation solution 3 %</i>   | Tier 2 Generic             |   |
| <i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>              | Tier 2 Generic             |   |
| TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML | Tier 4 Non-Preferred Brand |   |

| Drug   |                        | Status                     | Notes  |
|--|------------------------|----------------------------|--|
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %             |                        | Tier 4 Non-Preferred Brand |  |
| <i>water for irrigation, sterile irrigation solution</i> | (Curity Sterile Water) | Tier 2 Generic             |  |
| <b>Irritants/Counter-Irritants</b>                       |                        |                            |  |
| <i>cantharidin in acetone topical solution 0.7 %</i>     |                        | Tier 2 Generic             |  |
| QUTENZA TOPICAL KIT 8 %                                  |                        | Tier 4 Non-Preferred Brand | PA   |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %            |                        | Tier 4 Non-Preferred Brand | PA   |
| <b>Keratolytics</b>                                      |                        |                            |  |
| <i>benzoyl peroxide topical foam 9.8 %</i>               | (BenzePrO)             | Tier 2 Generic             |  |
| BPO TOPICAL GEL 8 %                                      | (benzoyl peroxide)     | Tier 2 Generic             |  |
| CEM-UREA TOPICAL GEL 45 %                                | (urea)                 | Tier 2 Generic             |  |
| CONDYLOX TOPICAL GEL 0.5 %                               | (podofilox)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day) |
| HYDRO 35 TOPICAL FOAM 35 %                               | (urea)                 | Tier 4 Non-Preferred Brand |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| HYDRO 40 TOPICAL FOAM 40 %                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KERALYT TOPICAL SHAMPOO 6 % (salicylic acid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NENDRUX TOPICAL GEL 40-5 %                   | Tier 4 Non-Preferred Brand |   |
| PACNEX HP TOPICAL PADS, MEDICATED 7 %        | Tier 4 Non-Preferred Brand |   |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 %     | Tier 4 Non-Preferred Brand |   |
| PODOCON TOPICAL LIQUID 25 %                  | Tier 2 Generic             |   |
| podofilox topical gel 0.5 % (Condylox)       | Tier 2 Generic             | ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>podofilox topical solution 0.5 %</i>   | Tier 2 Generic             | QL (0.5 ML per 1 day)   |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %  | Tier 2 Generic             |   |
| PRONAL TOPICAL GEL 10-40 %  | Tier 4 Non-Preferred Brand |   |
| <i>salicylic acid topical cream 6 %</i> (Salimez)                               | Tier 2 Generic             |   |
| <i>salicylic acid topical cream,extended release 6 %</i>                        | Tier 2 Generic             |   |
| <i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)       | Tier 2 Generic             |   |
| <i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER) | Tier 2 Generic             |   |
| <i>salicylic acid topical foam 6 %</i> (Salvax)                                 | Tier 2 Generic             |   |
| <i>salicylic acid topical liquid 26 %</i>                                       | Tier 2 Generic             |   |
| <i>salicylic acid topical lotion 6 %</i>  | Tier 2 Generic             |   |
| <i>salicylic acid topical lotion,extended release 6 %</i>                       | Tier 2 Generic             |   |
| <i>salicylic acid topical shampoo 6 %</i> (Keralyt)                             | Tier 2 Generic             |   |
| SALIMEZ FORTE TOPICAL CREAM 10 %  | Tier 4 Non-Preferred Brand |   |
| SALIMEZ TOPICAL CREAM 6 % (salicylic acid)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 %   | Tier 4 Non-Preferred Brand |   |
| SALVAX TOPICAL FOAM 6 % (salicylic acid)  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SALYCIM TOPICAL CREAM 6 % (salicylic acid)                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>silver nitrate applicators topical stick 75-25 %</i>                  | Tier 2 Generic             |   |
| <i>silver nitrate topical solution 10 %</i>                              | Tier 2 Generic             |   |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid) | Tier 4 Non-Preferred Brand |   |
| URAMAXIN GT TOPICAL GEL 45 % (urea)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %                              | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| URAMAXIN TOPICAL CREAM 45 % (urea)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| URAMAXIN TOPICAL FOAM 20 %                   | Tier 4 Non-Preferred Brand |   |
| URAMAXIN TOPICAL GEL 45 % (urea)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea) | Tier 2 Generic             |   |
| <i>urea topical cream 39 %</i> (Uredeb)      | Tier 2 Generic             |   |
| <i>urea topical cream 40 %, 47 %</i>         | Tier 2 Generic             |   |
| <i>urea topical cream 45 %</i> (Uramaxin)    | Tier 2 Generic             |   |
| <i>urea topical cream 50 %</i> (Ure-K)       | Tier 2 Generic             |   |
| <i>urea topical foam 35 %</i> (Hydro 35)     | Tier 2 Generic             |   |
| <i>urea topical gel 45 %</i> (CEM-Urea)      | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| UREDEB TOPICAL CREAM 39 % (urea)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| WAYZEN TOPICAL GEL 40-5 %  | Tier 4 Non-Preferred Brand |   |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %                    | Tier 4 Non-Preferred Brand |   |
| XIRUN TOPICAL GEL 10-40 %  | Tier 4 Non-Preferred Brand |   |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| XUREA TOPICAL CREAM 39 % (urea)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Oxidizing Agents</b>  |                            |   |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %                         | Tier 4 Non-Preferred Brand |   |
| RENOVAR IRRIGATION IRRIGATION SOLUTION                                 | Tier 4 Non-Preferred Brand |   |
| RENOVAR TOPICAL SOLUTION   | Tier 4 Non-Preferred Brand |   |
| <b>Protectives</b>   |                            |   |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG                                   | Tier 4 Non-Preferred Brand |   |
| PR CREAM TOPICAL CREAM   | Tier 2 Generic             |   |
| RECEDO TOPICAL GEL   | Tier 4 Non-Preferred Brand |   |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum) | Tier 2 Generic             |   |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 %                                    | Tier 4 Non-Preferred Brand |   |
| <b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>              |                            |   |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 %                                     | Tier 3 Preferred Brand     |   |
| EPIFOAM TOPICAL FOAM 1-1 %   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days   |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>                  | Tier 2 Generic             |   |

| Drug  |                            | Status                     | Notes   |
|---|----------------------------|----------------------------|---|
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>   | (Lidocort)                 | Tier 2 Generic             |   |
| PRAMOSONE TOPICAL CREAM 1-1 %                                 | (hydrocortisone-pramoxine) | Tier 3 Preferred Brand     | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days   |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %                       |                            | Tier 3 Preferred Brand     |   |
| PRAMOSONE TOPICAL OINTMENT 1-1 %                              |                            | Tier 3 Preferred Brand     | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days   |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 %                            | (hydrocortisone-pramoxine) | Tier 3 Preferred Brand     |   |
| <b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b> |                            |                            |   |
| <i>bexarotene topical gel 1 %</i>                             | (Targretin)                | Tier 5 Specialty           | PA; SP  |
| CARAC TOPICAL CREAM 0.5 %                                     | (fluorouracil)             | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>diclofenac sodium topical gel 3 %</i>                      |                            | Tier 2 Generic             | QL (100 GM per 1 FILL)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| EFUDEX TOPICAL CREAM 5 % (fluorouracil)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.         |
| FLUOROPLEX TOPICAL CREAM 1 %                    | Tier 4 Non-Preferred Brand | PA  |
| <i>fluorouracil topical cream 0.5 %</i> (Carac) | Tier 2 Generic             | PA  |
| <i>fluorouracil topical cream 5 %</i> (Efudex)  | Tier 2 Generic             |   |
| <i>fluorouracil topical solution 2 %, 5 %</i>   | Tier 2 Generic             |   |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | Tier 3 Preferred Brand     | QL (5 EA per 1 FILL)  |
| KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % | Tier 3 Preferred Brand     | QL (5 EA per 1 FILL)  |
| PANRETIN TOPICAL GEL 0.1 %                      | Tier 5 Specialty           | SP; QL (60 GM per 28 days)  |
| TARGRETIN TOPICAL GEL 1 % (bexarotene)          | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes                   |
|---|----------------------------|-------------------------|
| TOLAK TOPICAL CREAM 4 %   | Tier 3 Preferred Brand     |                         |
| <b>Topical Local Anesthetics</b>  |                            |                         |
| ANACAINE TOPICAL OINTMENT 10 %  | Tier 4 Non-Preferred Brand |                         |
| ANASTIA TOPICAL LOTION 2.75 %   | Tier 4 Non-Preferred Brand |                         |
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %  | Tier 4 Non-Preferred Brand |                         |
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)  | Tier 4 Non-Preferred Brand |                         |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY  | Tier 4 Non-Preferred Brand |                         |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY   | Tier 4 Non-Preferred Brand |                         |
| DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)                              | Tier 2 Generic             | QL (90 EA per 30 days)  |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 %  | Tier 4 Non-Preferred Brand |                         |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 %  | Tier 4 Non-Preferred Brand |                         |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 %   | Tier 4 Non-Preferred Brand |                         |
| <i>ethyl chloride topical aerosol, spray 100 %</i>  | Tier 2 Generic             |                         |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %  | Tier 2 Generic             |                         |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)        | Tier 2 Generic             |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %   | Tier 2 Generic             |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %   | Tier 4 Non-Preferred Brand |                         |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>   | Tier 2 Generic             |                         |
| <i>lidocaine hcl topical cream 3 %</i> (Lidopin)  | Tier 2 Generic             |                         |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)                       | Tier 2 Generic             | QL (90 EA per 30 days)  |
| <i>lidocaine topical ointment 5 %</i>   | Tier 2 Generic             | QL (240 GM per 30 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>   | Tier 2 Generic             |                         |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra)) | Tier 2 Generic             |                         |
| LIDOCAN III TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)                                     | Tier 2 Generic             | QL (90 EA per 30 days)  |

| Drug   |                 | Status                     | Notes   |
|--|-----------------|----------------------------|---|
| LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %          | (lidocaine)     | Tier 2 Generic             | QL (90 EA per 30 days)  |
| LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %           | (lidocaine)     | Tier 2 Generic             | QL (90 EA per 30 days)  |
| LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %            | (lidocaine)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days) |
| LIDOPIN TOPICAL CREAM 3 %                                | (lidocaine hcl) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                         |
| LIDOPIN TOPICAL CREAM 3.25 %                             |                 | Tier 4 Non-Preferred Brand |   |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % |                 | Tier 4 Non-Preferred Brand |   |
| LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %    |                 | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--------|
| NOBELA TOPICAL OINTMENT 10-10-20 %                                     | Tier 4 Non-Preferred Brand |        |
| NOLIRA TOPICAL CREAM 23-7 %  | Tier 4 Non-Preferred Brand |        |
| NUMBONEX TOPICAL LOTION 2.75 %   | Tier 4 Non-Preferred Brand |        |
| NYNUTEY TOPICAL CREAM 23-7 %   | Tier 4 Non-Preferred Brand |        |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %                 | Tier 4 Non-Preferred Brand |        |
| REGENECARE TOPICAL GEL 2 %   | Tier 4 Non-Preferred Brand |        |
| SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY                               | Tier 4 Non-Preferred Brand |        |
| TRANZAREL TOPICAL GEL 4 %  | Tier 4 Non-Preferred Brand |        |
| <b>Topical Preparations, Miscellaneous</b>                             |                            |        |
| sodium chloride topical solution 0.9 % (Saljet Saline Rinse)           | Tier 2 Generic             |        |
| <b>Topical/Mucous Membr./Subcut. Enzymes</b>                           |                            |        |
| NEXOBRID POWDER COMPONENT TOPICAL POWDER                               | Tier 4 Non-Preferred Brand |        |
| NEXOBRID TOPICAL GEL 8.8 %   | Tier 4 Non-Preferred Brand |        |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                  | Tier 4 Non-Preferred Brand | PA     |
| <b>Dermatology - Psoriasis/Eczema</b>                                  |                            |        |
| <b>Antipsoriatic Agents, Systemic</b>                                  |                            |        |
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg                           | Tier 5 Specialty           | SP     |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML | Tier 5 Specialty           | PA; SP |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML                    | Tier 5 Specialty           | PA; SP |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML                   | Tier 5 Specialty           | PA; SP |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML                                 | Tier 5 Specialty           | PA; SP |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML              | Tier 5 Specialty           | PA; SP |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML                       | Tier 5 Specialty           | PA; SP |

| Drug   | Status           | Notes   |
|--|------------------|---|
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                    | Tier 5 Specialty | PA; SP  |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML              | Tier 5 Specialty | PA; SP  |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML                                    | Tier 5 Specialty | PA; SP  |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>            | Tier 2 Generic   |   |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML                                 | Tier 5 Specialty | PA; SP  |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML                              | Tier 5 Specialty | PA; SP  |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                                   | Tier 5 Specialty | PA; SP  |
| SOTYKTU ORAL TABLET 6 MG   | Tier 5 Specialty | PA; SP  |
| SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML                                    | Tier 5 Specialty | PA; SP  |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML                                   | Tier 5 Specialty | PA; SP  |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML          | Tier 5 Specialty | PA; SP  |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML          | Tier 5 Specialty | PA; SP  |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML                   | Tier 5 Specialty | PA; SP  |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML | Tier 5 Specialty | PA; SP  |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                             | Tier 5 Specialty | PA; SP  |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                                   | Tier 5 Specialty | PA; SP  |
| <b>Antipsoriatics Agents</b>   |                  |   |
| <i>calcipotriene scalp solution 0.005 %</i>                              | Tier 2 Generic   | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| <i>calcipotriene topical cream 0.005 %</i>                               | Tier 2 Generic   | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>calcipotriene topical foam 0.005 %</i> (Sorilux)      | Tier 2 Generic             | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| <i>calcipotriene topical ointment 0.005 %</i>            | Tier 2 Generic             | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical) | Tier 2 Generic             | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| DIOOXIA TOPICAL CREAM 0.005-4 %                          | Tier 4 Non-Preferred Brand |  |
| DRITHOCREME HP TOPICAL CREAM 1 %                         | Tier 3 Preferred Brand     | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| DUOBRII TOPICAL LOTION 0.01-0.045 %                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days) |
| PURAZIL TOPICAL CREAM 0.005-4 %                          | Tier 4 Non-Preferred Brand |  |
| SORILUX TOPICAL FOAM 0.005 % (calcipotriene)             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| <i>tazarotene topical cream 0.05 %</i> (Tazorac)         | Tier 2 Generic             | Age (Max 39 Years)   |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)          | Tier 2 Generic             |  |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)    | Tier 2 Generic             | Age (Max 39 Years)   |



| Drug                                      | Status                     | Notes   |
|---|----------------------------|---|
| TAZORAC TOPICAL CREAM 0.05 % (tazarotene) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years) |
| TAZORAC TOPICAL CREAM 0.1 % (tazarotene)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                     |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)  |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| VTAMA TOPICAL CREAM 1 %                           | Tier 4 Non-Preferred Brand | PA   |
| ZITHRANOL TOPICAL SHAMPOO 1 %                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| ZORYVE TOPICAL CREAM 0.3 %                        | Tier 4 Non-Preferred Brand | PA   |

| Drug   | Status                         | Notes  |
|--|--------------------------------|--------|
| <b>II-23 Receptor Antagonist, Monoclonal Antibody</b>  |                                |        |
| OMVOH INTRAVENOUS SOLUTION<br>300 MG/15 ML (20 MG/ML)  | Tier 5 Specialty               | PA; SP |
| OMVOH PEN SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 200 MG/2 ML,<br>300MG/3ML(100MG /ML-200 MG/2ML)    | Tier 5 Specialty               | PA; SP |
| OMVOH SUBCUTANEOUS SYRINGE<br>100 MG/ML, 200 MG/2 ML,<br>300MG/3ML(100MG /ML-200 MG/2ML)             | Tier 5 Specialty               | PA; SP |
| SKYRIZI INTRAVENOUS SOLUTION 60<br>MG/ML   | Tier 5 Specialty               | PA; SP |
| SKYRIZI SUBCUTANEOUS<br>WEARABLE INJECTOR 180 MG/1.2 ML<br>(150 MG/ML), 360 MG/2.4 ML (150<br>MG/ML) | Tier 5 Specialty               | PA; SP |
| TREMFYA INTRAVENOUS SOLUTION<br>200 MG/20 ML (10 MG/ML)  | Tier 5 Specialty               | PA; SP |
| TREMFYA PEN SUBCUTANEOUS PEN<br>INJECTOR 200 MG/2 ML   | Tier 5 Specialty               | PA; SP |
| TREMFYA SUBCUTANEOUS SYRINGE<br>200 MG/2 ML  | Tier 5 Specialty               | PA; SP |
| <b>Topical Agents,Miscellaneous</b>  |                                |        |
| L-MESITRAN SOFT TOPICAL GEL 40<br>%  | Tier 4 Non-<br>Preferred Brand |        |
| MUSCUSOLICE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 2 %, 5<br>%                                    | Tier 4 Non-<br>Preferred Brand |        |
| NEURAPTINE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 10 %  | Tier 4 Non-<br>Preferred Brand |        |
| OMEZA TOPICAL OINTMENT IN<br>PACKET  | Tier 4 Non-<br>Preferred Brand |        |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Topical Immunosuppressive Agents</b>        |                            |   |
| ELIDEL TOPICAL CREAM 1 % (pimecrolimus)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days |
| HOVYN TOPICAL SOLUTION 0.1 %                   | Tier 4 Non-Preferred Brand |   |
| NUJO TOPICAL SOLUTION 0.1 %                    | Tier 4 Non-Preferred Brand |   |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | Tier 2 Generic             | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                               | Tier 2 Generic             | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days   |
| <b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>                        |                            |  |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>              | Tier 2 Generic             | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex) | Tier 2 Generic             | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Taclonex ointment within the past 120 days   |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene-betamethasone)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| WYNZORA TOPICAL CREAM 0.005-0.064 %  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Taclonex ointment within the past 120 days   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Diabetes</b>   |                            |   |
| <b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>                |                            |   |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                    | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG          | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day) |
| saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg         | Tier 2 Generic             | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)  |
| saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg | Tier 2 Generic             | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)  |
| <b>Antihyperglycemic, Dpp-4 Enzyme Inhibitor &amp; Thiazolidinedione</b>    |                            |  |
| alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg (Oseni)            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)  |
| alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <p>OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)</p>                          | Tier 4 Non-Preferred Brand | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)</p> |
| <b>Antihyperglycemic, Incretin Mimetic (Glp-1 Recep. Agonist)</b>  |                            |   |
| <p>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML</p>  | Tier 3 Preferred Brand     | <p>PA; QL (0.85 ML per 7 days)</p>  |
| <p>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML (exenatide)</p>                                  | Tier 3 Preferred Brand     | <p>PA; QL (2.4 ML per 30 days)</p>  |
| <p>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)</p>                                   | Tier 3 Preferred Brand     | <p>PA; QL (1.2 ML per 30 days)</p>  |
| <p><i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)</p>                       | Tier 4 Non-Preferred Brand | <p>PA; QL (9 ML per 30 days)</p>  |
| <p>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)</p> | Tier 3 Preferred Brand     | <p>PA; QL (3 ML per 28 days)</p>  |
| <p>RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG</p>  | Tier 3 Preferred Brand     | <p>PA; QL (1 EA per 1 day)</p>  |
| <p>TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML</p>                 | Tier 3 Preferred Brand     | <p>PA; QL (2 ML per 28 days)</p>  |



| Drug   |               | Status                         | Notes  |
|--|---------------|--------------------------------|--|
| VICTOZA 2-PAK SUBCUTANEOUS<br>PEN INJECTOR 0.6 MG/0.1 ML (18<br>MG/3 ML) | (liraglutide) | Tier 4 Non-<br>Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 ML per 30 days) |
| VICTOZA 3-PAK SUBCUTANEOUS<br>PEN INJECTOR 0.6 MG/0.1 ML (18<br>MG/3 ML) | (liraglutide) | Tier 4 Non-<br>Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 ML per 30 days) |
| <b>Antihyperglycemc-Sod/Gluc<br/>Cotransport2(Sglt2)Inhib</b>            |               |                                |  |
| <i>bexagliflozin oral tablet 20 mg</i>                                   | (Brenzavvy)   | Tier 2 Generic                 | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)  | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)                           |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| INPEFA ORAL TABLET 200 MG  | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)                           |
| INPEFA ORAL TABLET 400 MG  | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)                           |
| INVOKANA ORAL TABLET 100 MG, 300 MG  | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)                        |
| JARDIANCE ORAL TABLET 10 MG, 25 MG   | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| STEGLATRO ORAL TABLET 15 MG, 5 MG  | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)                           |
| <b>Antihyperglycemic - Dopamine Receptor Agonists</b>  |                            |  |
| CYCLOSET ORAL TABLET 0.8 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days |
| <b>Antihyperglycemic - Incretin Mimetics Combination</b>   |                            |  |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 3 Preferred Brand     | PA; QL (0.5 ML per 7 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>    |                            |   |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | Tier 2 Generic             |   |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>           | Tier 2 Generic             |   |
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antihyperglycemic, Amylin Analog-Type</b>               |                            |   |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML   | Tier 3 Preferred Brand     |   |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML    | Tier 3 Preferred Brand     |   |
| <b>Antihyperglycemic, Dpp-4 Inhibitors</b>                 |                            |   |
| <i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)   |
| <i>alogliptin oral tablet 6.25 mg</i>                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)   |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                   | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day) |
| saxagliptin oral tablet 2.5 mg, 5 mg                    | Tier 2 Generic             | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)  |
| sitagliptin oral tablet 100 mg, 25 mg, 50 mg (Zituvio)  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)  |
| TRADJENTA ORAL TABLET 5 MG                              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day) |
| <b>Antihyperglycemic, Insulin-Release Stimulant Type</b>                              |                            |  |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                       | Tier 2 Generic             |  |
| <i>glipizide oral tablet 10 mg, 5 mg</i>  | Tier 2 Generic             |  |
| <i>glipizide oral tablet 2.5 mg</i>   | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL) | Tier 2 Generic             |  |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (glipizide)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>   | Tier 2 Generic             |   |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>           | Tier 2 Generic             |   |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                 | Tier 2 Generic             |   |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>            | Tier 2 Generic             |   |
| <b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>    |                            |   |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)  | Tier 2 Generic             |   |
| <b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b> |                            |   |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                        | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG                            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)   |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG                    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)</b>                |                            |   |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                      | Tier 2 Generic             |   |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                    | Tier 2 Generic             |   |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>       | Tier 2 Generic             |   |
| RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)                             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>            |                            |   |
| SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                | Tier 3 Preferred Brand     | QL (30 ML per 28 days)  |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)     | Tier 3 Preferred Brand     | QL (15 ML per 28 days)  |
| <b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>            |                            |   |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>  | Tier 2 Generic             |   |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>         |                            |   |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT) | Tier 2 Generic             | ST: Requires prior prescription for Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination within the past 120 days  |
| <b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>               |                            |   |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)                        | Tier 5 Specialty           | PA; SP  |
| <b>Antihyperglycemic-SGLT2 Inhibitor &amp; Biguanide Comb</b>          |                            |   |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)  |



| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG                         | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                             | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                          | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                         | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)        | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG                                 | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)         | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>                     |                            |   |
| ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                               | Tier 2 Generic             | ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days  |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)                | Tier 2 Generic             | ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days  |
| <b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>                         |                            |   |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG      | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Blood Sugar Diagnostics</b>                                |                            |  |
| ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| ASSURE 4 STRIPS STRIP (blood sugar diagnostic)              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| BREEZE 2 TEST STRIPS STRIP                                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| CARESENS S TEST STRIP STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CHOICEDM CLARUS STRIP (blood sugar diagnostic)                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| CLEVER CHOICE PRO STRIP (blood sugar diagnostic)             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |



| <b>Drug</b>   | <b>Status</b>              | <b>Notes</b>   |
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| CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
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| DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASY PLUS II TEST STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASY STEP STRIP (blood sugar diagnostic)               | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
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| EASY TALK PLUS II TEST STRIP (blood sugar diagnostic) STRIP  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASY TOUCH BLULINK TEST STRIP (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
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| EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASYGLUCO TEST STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EASYMAX STRIP (blood sugar diagnostic)                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| ELEMENT COMPACT TEST STRIPS (blood sugar diagnostic) STRIP  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EVENCARE G2 STRIP (blood sugar diagnostic)                    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| EVENCARE G3 TEST STRIP (blood sugar diagnostic)           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EVENCARE TEST STRIP (blood sugar diagnostic)              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EZ SMART PLUS TEST STRIP (blood sugar diagnostic)           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| EZ SMART TEST STRIP (blood sugar diagnostic)                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |



| Drug  | Status                     | Notes  |
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| FORA 6CONN-GTEL-TN'G ADV STRIP (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA D15G STRIPS STRIP (blood sugar diagnostic)               | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA D20 STRIP (blood sugar diagnostic)                       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| FORA G20 STRIP (blood sugar diagnostic)                       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| FORA TEST STRIP STRIP (blood sugar diagnostic)                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA V10 STRIP (blood sugar diagnostic)                       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
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| FORA V10-V12-D10-D20 STRIPS (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA V12 GLUCOSE STRIP (blood sugar diagnostic)            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA V20 STRIP (blood sugar diagnostic)                    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORA V30A STRIP (blood sugar diagnostic)                   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug                                 |                          | Status                     | Notes  |
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| FORACARE GD20 STRIP                  | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FORACARE GD40 TEST STRIPS STRIP      | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| FREESTYLE INSULINX STRIP             | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| FREESTYLE INSULINX TEST STRIPS STRIP | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| FREESTYLE LITE STRIPS STRIP          | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| FREESTYLE PRECISION NEO STRIPS STRIP | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| FREESTYLE TEST STRIP                 | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| <b>Drug</b>   | <b>Status</b>              | <b>Notes</b>   |
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| GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
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| GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
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| GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)               | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GM100 STRIP (blood sugar diagnostic)                          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |



| Drug  | Status                     | Notes  |
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| HARMONY GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| IHEALTH GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| INFINITY TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug                                |                          | Status                     | Notes  |
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| MICRO BLOOD GLUCOSE STRIP           | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| MICRODOT XTRA BLOOD GLUCOSE STRIP   | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| MYGLUCOHEALTH STRIP                 | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug                             |                          | Status                     | Notes  |
|----------------------------------|--------------------------|----------------------------|--|
| ON CALL VIVID TEST STRIP STRIP   | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ONETOUCH ULTRA TEST STRIP        | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| ONETOUCH VERIO TEST STRIPS STRIP | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| OPTIUM EZ STRIP                  | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| OPTIUM TEST STRIP                | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| OPTUMRX STRIP                    | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| PHARMACIST CHOICE STRIP (blood sugar diagnostic)            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PLATINUM TEST STRIP STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug                               |                          | Status                     | Notes  |
|------------------------------------|--------------------------|----------------------------|--|
| PRECISION PCX TEST STRIP           | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PRECISION POINT OF CARE TEST STRIP | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PRECISION Q-I-D TEST STRIP         | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PRECISION XTRA TEST STRIP          | (blood sugar diagnostic) | Tier 3 Preferred Brand     | QL (200 EA per 30 days)  |
| PREMIER TEST STRIP STRIP           | (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| PREMIUM V10 STRIP (blood sugar diagnostic)                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PRODIGY NO CODING STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| QUINTET AC STRIP (blood sugar diagnostic)                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| REFUAH PLUS STRIP (blood sugar diagnostic)                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |



| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| RELION ULTIMA STRIP (blood sugar diagnostic)              | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| REVEAL TEST STRIP STRIP (blood sugar diagnostic)          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| SMARTEST TEST STRIP (blood sugar diagnostic)           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| TD GOLD TEST STRIP STRIP (blood sugar diagnostic)      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| TELCARE TEST STRIPS STRIP (blood sugar diagnostic)            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| TEST N'GO TEST STRIP (blood sugar diagnostic)                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| TRUETEST TEST STRIPS STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| TRUETRACK TEST STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| ULTRATRAK STRIP (blood sugar diagnostic)            | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| UNISTRIPI TEST STRIP STRIP (blood sugar diagnostic)     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| WAVESENSE JAZZ STRIP (blood sugar diagnostic)           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| WAVESENSE PRESTO STRIP (blood sugar diagnostic) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days) |
| <b>Diabetic Supplies</b>                        |                            |  |
| CEQUR SIMPLICITY DEVICE 2 UNIT                  | Tier 4 Non-Preferred Brand | PA   |
| CEQUR SIMPLICITY INSERTER                       | Tier 4 Non-Preferred Brand | PA   |
| DEXCOM G6 RECEIVER                              | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)  |
| DEXCOM G6 SENSOR DEVICE                         | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)   |
| DEXCOM G6 TRANSMITTER DEVICE                    | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)   |
| DEXCOM G7 RECEIVER                              | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)  |
| DEXCOM G7 SENSOR DEVICE                         | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)   |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE        | Tier 4 Non-Preferred Brand | PA   |
| EVERSENSE 365 TRANSMITTER DEVICE                | Tier 4 Non-Preferred Brand | PA   |
| EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE  | Tier 4 Non-Preferred Brand |  |
| EVERSENSE E3 SMART TRANSMITTER DEVICE           | Tier 4 Non-Preferred Brand | PA   |
| FREESTYLE LIBRE 14 DAY READER                   | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)  |

| <b>Drug</b>                               | <b>Status</b>              | <b>Notes</b>  |
|---|----------------------------|---|
| FREESTYLE LIBRE 14 DAY SENSOR KIT         | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE      | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 2 READER                  | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 2 SENSOR KIT              | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE      | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 3 READER                  | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE           | Tier 3 Preferred Brand     | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE          | Tier 4 Non-Preferred Brand | PA  |
| GUARDIAN 4 TRANSMITTER DEVICE             | Tier 4 Non-Preferred Brand | PA  |
| GUARDIAN CONNECT TRANSMITTER DEVICE       | Tier 4 Non-Preferred Brand | PA  |
| GUARDIAN LINK 3 TRANSMITTER DEVICE        | Tier 4 Non-Preferred Brand | PA  |
| GUARDIAN SENSOR 3 DEVICE                  | Tier 4 Non-Preferred Brand | PA  |
| ILET INFUSION KIT-INSET 23" COMBO PACK    | Tier 4 Non-Preferred Brand |   |
| ILET INFUSION KIT-INSET 32" COMBO PACK    | Tier 4 Non-Preferred Brand |   |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK | Tier 4 Non-Preferred Brand |   |
| ILET INSULIN PUMP                         | Tier 4 Non-Preferred Brand | PA  |
| ILET STARTER KIT CONTACT KIT              | Tier 4 Non-Preferred Brand |   |



| <b>Drug</b>  | <b>Status</b>              | <b>Notes</b>           |
|--|----------------------------|------------------------|
| ILET STARTER KIT-INSET KIT                             | Tier 4 Non-Preferred Brand |                        |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN      | Tier 3 Preferred Brand     |                        |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      | Tier 3 Preferred Brand     |                        |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      | Tier 3 Preferred Brand     |                        |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | Tier 3 Preferred Brand     |                        |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | Tier 3 Preferred Brand     |                        |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | Tier 3 Preferred Brand     |                        |
| MINIMED 630G INSULIN PUMP                              | Tier 4 Non-Preferred Brand | PA                     |
| MINIMED 780G INSULIN PUMP                              | Tier 4 Non-Preferred Brand | PA                     |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE     | Tier 3 Preferred Brand     |                        |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE  | Tier 3 Preferred Brand     | QL (1 EA per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     |                        |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE  | Tier 3 Preferred Brand     | QL (1 EA per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     |                        |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE  | Tier 3 Preferred Brand     | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4)                           | Tier 3 Preferred Brand     | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE       | Tier 3 Preferred Brand     |                        |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE    | Tier 3 Preferred Brand     | QL (10 EA per 30 days) |

| Drug   | Status                     | Notes  |
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| OMNIPOD GO PODS<br>SUBCUTANEOUS CARTRIDGE                                | Tier 3 Preferred Brand     | QL (10 EA per 30 days)   |
| T:SLIM X2 CONTROL-IQ   | Tier 4 Non-Preferred Brand | PA   |
| TANDEM MOBI AUTOSOFT 30 KT 23"<br>COMBO PACK                             | Tier 4 Non-Preferred Brand |  |
| TANDEM MOBI AUTOSOFT XC KIT 5"<br>COMBO PACK                             | Tier 4 Non-Preferred Brand |  |
| TANDEM MOBI AUTOSOFT XC KT 23"<br>COMBO PACK                             | Tier 4 Non-Preferred Brand |  |
| TANDEM MOBI CARTRIDGE<br>SUBCUTANEOUS CARTRIDGE                          | Tier 4 Non-Preferred Brand |  |
| TANDEM MOBI SYSTEM   | Tier 4 Non-Preferred Brand | PA   |
| TANDEM MOBI TRUSTEEL KIT 23"<br>COMBO PACK                               | Tier 4 Non-Preferred Brand |  |
| V-GO 20 DEVICE   | Tier 3 Preferred Brand     |  |
| V-GO 30 DEVICE   | Tier 3 Preferred Brand     |  |
| V-GO 40 DEVICE   | Tier 3 Preferred Brand     |  |
| <b>Diabetic Ulcer Preparations, Topical</b>                              |                            |  |
| REGGRANEX TOPICAL GEL 0.01 %   | Tier 3 Preferred Brand     |  |
| <b>Hyperglycemics</b>  |                            |  |
| BAQSIMI NASAL SPRAY, NON-<br>AEROSOL 3 MG/ACTUATION                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL) |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                    | Tier 2 Generic             |  |
| GLUCAGON (HCL) EMERGENCY KIT<br>INJECTION RECON SOLN 1 MG (glucagon hcl) | Tier 4 Non-Preferred Brand | QL (4 EA per 1 FILL)   |
| GLUCAGON EMERGENCY KIT<br>(HUMAN) INJECTION RECON SOLN 1 MG              | Tier 2 Generic             | QL (4 EA per 1 FILL)   |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.5 MG/0.1 ML      | Tier 3 Preferred Brand     | QL (0.4 ML per 1 FILL)   |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML        | Tier 3 Preferred Brand     | QL (0.8 ML per 1 FILL)   |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.5 MG/0.1 ML      | Tier 3 Preferred Brand     | QL (0.4 ML per 1 FILL)   |

| Drug   | Status                         | Notes   |
|--|--------------------------------|---|
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML                          | Tier 3 Preferred<br>Brand      | QL (0.8 ML per 1 FILL)  |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2<br>ML                            | Tier 3 Preferred<br>Brand      | QL (0.8 ML per 1 FILL)  |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2<br>ML                            | Tier 3 Preferred<br>Brand      | QL (0.8 ML per 1 FILL)  |
| GVOKE SUBCUTANEOUS SOLUTION<br>1 MG/0.2 ML   | Tier 3 Preferred<br>Brand      | QL (0.8 ML per 1 FILL)  |
| PROGLYCEM ORAL SUSPENSION 50 (diazoxide)<br>MG/ML  | Tier 4 Non-<br>Preferred Brand | A prescription written<br>indicating DAW 1 or DAW 2<br>will not override the<br>subscribers benefit<br>coverage. The subscriber<br>may have a higher out of<br>pocket cost when a<br>Generic Drug is available<br>and the Brand Drug is<br>authorized by their doctor<br>or requested by the<br>subscriber. In these cases,<br>the subscriber will pay the<br>price difference between<br>the Brand Drug and<br>Generic Drug prices in<br>addition to the applicable<br>Copayment or Coinsurance<br>amount. |
| ZEGALOGUE AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.6 MG/0.6 ML                      | Tier 3 Preferred<br>Brand      | QL (2.4 ML per 1 FILL)  |
| ZEGALOGUE SYRINGE<br>SUBCUTANEOUS SYRINGE 0.6<br>MG/0.6 ML                                 | Tier 3 Preferred<br>Brand      | QL (2.4 ML per 1 FILL)  |
| <b>Insulins</b>  |                                |   |
| ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for Lyumjev<br>within the past 120 days;<br>QL (30 ML per 28 days)   |
| ADMELOG U-100 INSULIN LISPRO (insulin lispro)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML      | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for Lyumjev<br>within the past 120 days;<br>QL (40 ML per 28 days)   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | Tier 4 Non-Preferred Brand | PA  |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)                          |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)                          |
| BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days) |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)                          |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)                          |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)                          |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)                          |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN,<br>HALF-UNIT 100 UNIT/ML | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days) |
| HUMALOG KWIKPEN INSULIN (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days) |
| HUMALOG KWIKPEN INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                           | Tier 3 Preferred Brand     | QL (12 ML per 28 days)  |
| HUMALOG MIX 50-50 INSULN U-100<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (50-50)                    | Tier 3 Preferred Brand     | QL (40 ML per 28 days)  |
| HUMALOG MIX 50-50 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (50-50)                        | Tier 3 Preferred Brand     | QL (30 ML per 28 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| HUMALOG MIX 75-25 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (75-25) (insulin lispro protamin-<br>lispro) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days) |
| HUMALOG MIX 75-25(U-100)INSULN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (75-25)                                  | Tier 3 Preferred Brand     | QL (40 ML per 28 days)  |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML  | Tier 3 Preferred Brand     | QL (30 ML per 28 days)  |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML (insulin lispro)                                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 ML per 28 days) |
| HUMULIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)                                     | Tier 3 Preferred Brand     | QL (40 ML per 28 days)  |

| Drug   |                                      | Status                         | Notes  |
|--|--------------------------------------|--------------------------------|--|
| HUMULIN 70/30 U-100 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)             |                                      | Tier 3 Preferred<br>Brand      | QL (30 ML per 28 days)   |
| HUMULIN N NPH INSULIN KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)            |                                      | Tier 3 Preferred<br>Brand      | QL (30 ML per 28 days)   |
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML                      |                                      | Tier 3 Preferred<br>Brand      | QL (40 ML per 28 days)   |
| HUMULIN R REGULAR U-100 INSULN<br>INJECTION SOLUTION 100 UNIT/ML                           |                                      | Tier 3 Preferred<br>Brand      | QL (40 ML per 28 days)   |
| HUMULIN R U-500 (CONC) INSULIN<br>SUBCUTANEOUS SOLUTION 500<br>UNIT/ML                     |                                      | Tier 3 Preferred<br>Brand      | QL (40 ML per 28 days)   |
| HUMULIN R U-500 (CONC) KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 500<br>UNIT/ML (3 ML)           |                                      | Tier 3 Preferred<br>Brand      | QL (24 ML per 28 days)   |
| <i>insulin asp prt-insulin aspart<br/>subcutaneous insulin pen 100 unit/ml<br/>(70-30)</i> | (Novolog Mix 70-<br>30FlexPen U-100) | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for generic<br>Humalog Mix 75-25 within<br>the past 120 days; QL (30<br>ML per 28 days) |
| <i>insulin asp prt-insulin aspart<br/>subcutaneous solution 100 unit/ml (70-<br/>30)</i>   | (Novolog Mix 70-30 U-100<br>Insulin) | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for generic<br>Humalog Mix 75-25 within<br>the past 120 days; QL (40<br>ML per 28 days) |
| <i>insulin aspart u-100 subcutaneous<br/>cartridge 100 unit/ml</i>                         | (Novolog PenFill U-100<br>Insulin)   | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for Lyumjev<br>within the past 120 days;<br>QL (30 ML per 28 days)                      |
| <i>insulin aspart u-100 subcutaneous<br/>insulin pen 100 unit/ml (3 ml)</i>                | (Novolog FlexPen U-100<br>Insulin)   | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for Lyumjev<br>within the past 120 days;<br>QL (30 ML per 28 days)                      |
| <i>insulin aspart u-100 subcutaneous<br/>solution 100 unit/ml</i>                          | (Novolog U-100 Insulin<br>aspart)    | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for Lyumjev<br>within the past 120 days;<br>QL (40 ML per 28 days)                      |
| <i>insulin lispro protamin-lispro<br/>subcutaneous insulin pen 100 unit/ml<br/>(75-25)</i> | (Humalog Mix 75-25<br>KwikPen)       | Tier 2 Generic                 | QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous insulin pen<br/>100 unit/ml</i>                             | (Admelog SoloStar U-100<br>Insulin)  | Tier 2 Generic                 | QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous insulin pen,<br/>half-unit 100 unit/ml</i>                  | (Humalog Junior KwikPen<br>U-100)    | Tier 2 Generic                 | QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous solution 100<br/>unit/ml</i>                                | (Admelog U-100 Insulin<br>lispro)    | Tier 2 Generic                 | QL (40 ML per 28 days)   |



| <b>Drug</b>   | <b>Status</b>              | <b>Notes</b>  |
|---|----------------------------|---|
| LEVEMIR FLEXPEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days) |
| LEVEMIR U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (40 ML per 28 days) |
| LYUMJEV KWIKPEN U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML        | Tier 3 Preferred Brand     | QL (30 ML per 28 days)  |
| LYUMJEV KWIKPEN U-200 INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML) | Tier 3 Preferred Brand     | QL (12 ML per 28 days)  |
| LYUMJEV U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                   | Tier 3 Preferred Brand     | QL (40 ML per 28 days)  |
| NOVOLIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (40 ML per 28 days)                    |
| NOVOLIN 70-30 FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (30 ML per 28 days)                    |
| NOVOLIN N FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)                        |
| NOVOLIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML           | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)                        |
| NOVOLIN R FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)                        |
| NOVOLIN R REGULAR U100 INSULIN<br>INJECTION SOLUTION 100 UNIT/ML                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)                        |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| NOVOLOG FLEXPEN U-100 INSULIN (insulin aspart u-100)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)                   |
| NOVOLOG MIX 70-30 U-100 INSULN (insulin asp prt-insulin aspart)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML (70-30) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NOVOLOG MIX 70-30FLEXPEN U-100 (insulin asp prt-insulin<br>SUBCUTANEOUS INSULIN PEN 100 aspart)<br>UNIT/ML (70-30) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN (insulin aspart u-100)<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)                   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NOVOLOG U-100 INSULIN ASPART (insulin aspart u-100)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML | Tier 3 Preferred Brand     | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 ML per 28 days)   |

| Drug  |                               | Status                 | Notes   |
|---|-------------------------------|------------------------|---|
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | (insulin glargine-yfgn)       | Tier 3 Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | (insulin glargine u-300 conc) | Tier 3 Preferred Brand | QL (18 ML per 28 days)  |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | Tier 3 Preferred Brand | QL (13.5 ML per 28 days)  |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | (insulin degludec)            | Tier 3 Preferred Brand | QL (30 ML per 28 days)  |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | (insulin degludec)            | Tier 3 Preferred Brand | QL (18 ML per 28 days)  |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | (insulin degludec)            | Tier 3 Preferred Brand | QL (40 ML per 28 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Ear - General Disorders</b>   |                            |   |
| <b>Ear Preparations Anti-Inflammatory</b>                                |                            |   |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| FLAC OTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil) | Tier 2 Generic             |   |
| <b>Ear Preparations, Misc. Anti-Infectives</b>                           |                            |   |
| <i>acetic acid otic (ear) solution 2 %</i>                               | Tier 2 Generic             |   |
| CORTANE-B TOPICAL LOTION 1-1-0.1 %                                       | Tier 4 Non-Preferred Brand |   |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                 | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Ear Preparations,Antibiotics</b>   |                            |   |
| CETRAXAL OTIC (EAR)<br>DROPPERETTE 0.2 %<br><br>(ciprofloxacin hcl)                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i><br>(Cetraxal)                     | Tier 2 Generic             |   |
| CORTISPORIN-TC OTIC (EAR)<br>DROPS,SUSPENSION 3.3-3-10-0.5<br>MG/ML                     | Tier 4 Non-Preferred Brand |   |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>   | Tier 2 Generic             |   |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>           | Tier 2 Generic             |   |
| <i>ofloxacin otic (ear) drops 0.3 %</i>   | Tier 2 Generic             |   |
| <b>Ear Preparations,Local Anesthetics</b>   |                            |   |
| TYMBION INTRATYMPANIC<br>SOLUTION 20 MG/ML (2 %)- 1:100,000                             | Tier 4 Non-Preferred Brand |   |
| <b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>                                  |                            |   |
| CIPRO HC OTIC (EAR)<br>DROPS,SUSPENSION 0.2-1 %   | Tier 4 Non-Preferred Brand |   |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>                | Tier 2 Generic             |   |
| <i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i><br>(Otovel) | Tier 2 Generic             |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                              |
| <b>Electrolyte Regulation</b>   |                            |  |
| <b>Arginine Vasopressin (Avp) Receptor Antagonists</b>                        |                            |  |
| SAMSCA ORAL TABLET 15 MG (tolvaptan)  | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 365 days) |

| Drug   |             | Status                     | Notes  |
|--|-------------|----------------------------|--|
| SAMSCA ORAL TABLET 30 MG                                     | (tolvaptan) | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 365 days) |
| <i>tolvaptan oral tablet 15 mg</i>                           | (Samsca)    | Tier 5 Specialty           | SP; QL (30 EA per 365 days)  |
| <i>tolvaptan oral tablet 30 mg</i>                           | (Samsca)    | Tier 5 Specialty           | SP; QL (60 EA per 365 days)  |
| <b>Bicarbonate Producing/Containing Agents</b>               |             |                            |  |
| VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION |             | Tier 4 Non-Preferred Brand |  |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Electrolyte Depleters</b>                       |                            |   |
| AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| calcium acetate(phosphat bind) oral capsule 667 mg | Tier 2 Generic             |   |
| calcium acetate(phosphat bind) oral tablet 667 mg  | Tier 2 Generic             |   |
| ferric citrate oral tablet 210 mg iron (Auryxia)   | Tier 2 Generic             | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)  |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG    | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| FOSRENOL ORAL (lanthanum)<br>TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                   | Tier 2 Generic             |   |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol) | Tier 2 Generic             |   |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                             | Tier 3 Preferred Brand     |   |
| REVELA ORAL POWDER IN PACKET (sevelamer carbonate)<br>0.8 GRAM, 2.4 GRAM  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| RENVELA ORAL TABLET 800 MG (sevelamer carbonate)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)  | Tier 2 Generic             |   |
| sevelamer carbonate oral tablet 800 mg (Renvela)                        | Tier 2 Generic             |   |
| sevelamer hcl oral tablet 400 mg, 800 mg                                | Tier 2 Generic             |   |
| sodium polystyrene sulfonate oral powder                                | Tier 2 Generic             |   |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                    | Tier 2 Generic             |   |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML                      | Tier 4 Non-Preferred Brand |   |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG                                    | Tier 3 Preferred Brand     | QL (6 EA per 1 day)   |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM   | Tier 4 Non-Preferred Brand | PA  |
| XPHOZAH ORAL TABLET 20 MG, 30 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)   |
| <b>Potassium Replacement</b>  |                            |   |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ                        | Tier 4 Non-Preferred Brand |   |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid) | Tier 2 Generic             |   |

| Drug   |                      | Status                     | Notes   |
|--|----------------------|----------------------------|---|
| KLOR-CON 10 ORAL TABLET<br>EXTENDED RELEASE 10 MEQ       | (potassium chloride) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KLOR-CON 8 ORAL TABLET<br>EXTENDED RELEASE 8 MEQ         | (potassium chloride) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KLOR-CON M10 ORAL TABLET,ER<br>PARTICLES/CRYSTALS 10 MEQ | (potassium chloride) | Tier 2 Generic             |   |
| KLOR-CON M15 ORAL TABLET,ER<br>PARTICLES/CRYSTALS 15 MEQ | (potassium chloride) | Tier 2 Generic             |   |
| KLOR-CON M20 ORAL TABLET,ER<br>PARTICLES/CRYSTALS 20 MEQ | (potassium chloride) | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>      | Tier 2 Generic             |   |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>            | Tier 2 Generic             |   |
| <i>potassium chloride oral packet 20 meq</i> (Klor-Con)                     | Tier 2 Generic             |   |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10) | Tier 2 Generic             |   |
| <i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>       | Tier 2 Generic             |   |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)   | Tier 2 Generic             |   |

| Drug   |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> | (Klor-Con M10)                  | Tier 2 Generic             |   |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq</i> | (Klor-Con M15)                  | Tier 2 Generic             |   |
| <i>potassium chloride oral tablet,er particles/crystals 20 meq</i> | (Klor-Con M20)                  | Tier 2 Generic             |   |
| <b>Sodium/Saline Preparations</b>                                  |                                 |                            |   |
| AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE                    | (sodium chloride 0.9 % (flush)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE                   | (sodium chloride 0.9 % (flush)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE                   | (sodium chloride 0.9 % (flush)) | Tier 2 Generic             |   |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE                   | (sodium chloride 0.9 % (flush)) | Tier 2 Generic             |   |

| Drug   |                                  | Status                     | Notes   |
|--|----------------------------------|----------------------------|---|
| MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE                      | (sodium chloride 0.9 % (flush))  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE                       | (sodium chloride 0.9 % (flush))  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NORMAL SALINE FLUSH INJECTION SYRINGE                                | (sodium chloride 0.9 % (flush))  | Tier 2 Generic             |   |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>       |                                  | Tier 2 Generic             |   |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> |                                  | Tier 2 Generic             |   |
| <i>sodium chloride 0.9 % (flush) injection syringe</i>               | (BD PosiFlush Normal Saline 0.9) | Tier 2 Generic             |   |
| <i>sodium chloride 0.9 % injection solution</i>                      |                                  | Tier 2 Generic             |   |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>         |                                  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>sodium chloride 0.9 % intravenous piggyback</i>                   | Tier 2 Generic             |   |
| <i>sodium chloride injection syringe 0.9 %</i>                       | Tier 2 Generic             |   |
| <b>Endocrine Disorder - Fertility</b>                                |                            |   |
| <b>Drugs To Treat Impotency</b>                                      |                            |   |
| CIALIS ORAL TABLET 5 MG (tadalafil)                                  | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>tadalafil oral tablet 2.5 mg</i>                                  | Tier 2 Generic             | PA  |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)                           | Tier 2 Generic             | PA  |
| <b>Endocrine Disorder - Other</b>                                    |                            |   |
| <b>Adrenocorticotrophic Hormones</b>                                 |                            |   |
| ACTHAR INJECTION GEL 80 UNIT/ML                                      | Tier 5 Specialty           | PA; SP  |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML | Tier 5 Specialty           | PA; SP  |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML                              | Tier 5 Specialty           | PA; SP  |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Antidiuretic And Vasopressor Hormones</b>                      |                            |   |
| DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)           | Tier 2 Generic             |   |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>   | Tier 2 Generic             |   |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | Tier 2 Generic             |   |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)            | Tier 2 Generic             |   |
| NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG         | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)   |

| Drug  | Status                     | Notes               |
|---|----------------------------|---------------------|
| NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG                    | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day) |
| <b>Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.</b>                      |                            |                     |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG                                  | Tier 5 Specialty           | PA; SP              |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                                    | Tier 5 Specialty           | PA; SP              |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG                                    | Tier 5 Specialty           | PA; SP              |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                                   | Tier 5 Specialty           | PA; SP              |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | Tier 5 Specialty           | PA; SP              |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                  | Tier 5 Specialty           | PA; SP              |
| <i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>                             | Tier 5 Specialty           | PA; SP              |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG                        | Tier 5 Specialty           | PA; SP              |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG                          | Tier 5 Specialty           | PA; SP              |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG                          | Tier 5 Specialty           | PA; SP              |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG                                   | Tier 5 Specialty           | PA; SP              |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | Tier 5 Specialty           | PA; SP              |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG                                    | Tier 5 Specialty           | PA; SP              |
| <b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>                       |                            |                     |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)     | Tier 5 Specialty           | PA; SP              |

| Drug   | Status                 | Notes   |
|--|------------------------|---|
| <b>Bone Formation Stim. Agents - Parathyroid Hormone</b>                           |                        |   |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)        | Tier 5 Specialty       | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Forteo) | Tier 5 Specialty       | PA; SP  |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>          | Tier 5 Specialty       | PA; SP  |
| <b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>                          |                        |   |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                        | Tier 5 Specialty       | PA; SP  |
| <b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>                      |                        |   |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT                    | Tier 3 Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Bone Resorption Inhibitors</b>            |                            |   |
| ACTONEL ORAL TABLET 150 MG (risedronate)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days) |
| ACTONEL ORAL TABLET 35 MG (risedronate)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |
| <i>alendronate oral solution 70 mg/75 ml</i> | Tier 2 Generic             | QL (75 ML per 7 days)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>                      | Tier 2 Generic             |  |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                         | Tier 2 Generic             |  |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days) |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)  | Tier 2 Generic             |  |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | Tier 2 Generic             |  |
| EVISTA ORAL TABLET 60 MG (raloxifene)                                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| FOSAMAX ORAL TABLET 70 MG (alendronate)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ibandronate oral tablet 150 mg</i>                          | Tier 2 Generic             |   |
| MIACALCIN INJECTION SOLUTION (calcitonin (salmon)) 200 UNIT/ML | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                           | Tier 5 Specialty           | PA; SP  |
| <i>raloxifene oral tablet 60 mg</i> (Evista)                   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)  |

| Drug  |                                  | Status                     | Notes   |
|---|----------------------------------|----------------------------|---|
| RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML                     | (zoledronic acid-mannitol-water) | Tier 4 Non-Preferred Brand | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>risedronate oral tablet 150 mg</i>                         | (Actonel)                        | Tier 2 Generic             | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)  |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                    |                                  | Tier 2 Generic             | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)  |
| <i>risedronate oral tablet 35 mg</i>                          | (Actonel)                        | Tier 2 Generic             | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)   |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> | (Atelvia)                        | Tier 2 Generic             | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)   |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)          |                                  | Tier 5 Specialty           | PA; SP  |
| <i>zoledronic acid intravenous recon soln 4 mg</i>            |                                  | Tier 2 Generic             | SP  |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>         |                                  | Tier 2 Generic             | SP  |

| Drug  | Status           | Notes  |
|---|------------------|--|
| zoledronic acid-mannitol-water<br>intravenous piggyback 4 mg/100 ml           | Tier 2 Generic   | SP   |
| zoledronic acid-mannitol-water (Reclast)<br>intravenous piggyback 5 mg/100 ml | Tier 2 Generic   | SP   |
| zoledronic ac-mannitol-0.9nacl<br>intravenous piggyback 4 mg/100 ml           | Tier 2 Generic   | SP   |
| <b>Calcimimetic,Parathyroid Calcium Enhancer</b>                              |                  |  |
| cinacalcet oral tablet 30 mg, 60 mg (Sensipar)                                | Tier 5 Specialty | SP; QL (2 EA per 1 day)  |
| cinacalcet oral tablet 90 mg (Sensipar)                                       | Tier 5 Specialty | SP; QL (4 EA per 1 day)  |
| PARSABIV INTRAVENOUS SOLUTION<br>5 MG/ML                                      | Tier 5 Specialty | PA; SP   |
| SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)                                | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |



| Drug  | Status           | Notes  |
|---|------------------|--|
| SENSIPAR ORAL TABLET 90 MG (cinacalcet)   | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| <b>Growth Hormone Receptor Antagonists</b>  |                  |  |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG  | Tier 5 Specialty | SP   |
| <b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>  |                  |  |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG   | Tier 5 Specialty | PA; SP   |
| <b>Growth Hormones</b>  |                  |  |
| GENOTROPIN MINIQICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | Tier 5 Specialty | PA; SP   |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)   | Tier 5 Specialty | PA; SP   |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)  | Tier 5 Specialty | PA; SP   |
| HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG   | Tier 5 Specialty | PA; SP   |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)   | Tier 5 Specialty | PA; SP   |

| Drug  | Status                    | Notes               |
|---|---------------------------|---------------------|
| NORDITROPIN FLEXPRO<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML<br>(10 MG/ML), 30 MG/3 ML (10 MG/ML), 5<br>MG/1.5 ML (3.3 MG/ML) | Tier 5 Specialty          | PA; SP              |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/2 ML (5 MG/ML), 20 MG/2 ML (10<br>MG/ML), 5 MG/2 ML (2.5 MG/ML)                                    | Tier 5 Specialty          | PA; SP              |
| OMNITROPE SUBCUTANEOUS<br>CARTRIDGE 10 MG/1.5 ML (6.7<br>MG/ML), 5 MG/1.5 ML (3.3 MG/ML)  | Tier 5 Specialty          | PA; SP              |
| OMNITROPE SUBCUTANEOUS<br>RECON SOLN 5.8 MG   | Tier 5 Specialty          | PA; SP              |
| SAIZEN SAIZENPREP<br>SUBCUTANEOUS CARTRIDGE 8.8<br>MG/1.51 ML (FINAL CONC.)   | Tier 5 Specialty          | PA; SP              |
| SEROSTIM SUBCUTANEOUS RECON<br>SOLN 4 MG, 5 MG, 6 MG  | Tier 5 Specialty          | PA; SP              |
| SKYTROFA SUBCUTANEOUS<br>CARTRIDGE 11 MG, 13.3 MG, 3 MG,<br>3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6<br>MG, 9.1 MG   | Tier 5 Specialty          | PA; SP              |
| SOGROYA SUBCUTANEOUS PEN<br>INJECTOR 10 MG/1.5 ML (6.7 MG/ML),<br>15 MG/1.5 ML (10 MG/ML), 5 MG/1.5<br>ML (3.3 MG/ML)                                       | Tier 5 Specialty          | PA; SP              |
| ZOMACTON SUBCUTANEOUS<br>RECON SOLN 10 MG, 5 MG   | Tier 5 Specialty          | PA; SP              |
| <b>Hyperparathyroid Tx Agents - Vitamin D<br/>Analog-Type</b>   |                           |                     |
| <i>doxercalciferol oral capsule 0.5 mcg, 1<br/>mcg, 2.5 mcg</i>   | Tier 2 Generic            |                     |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)   | Tier 2 Generic            |                     |
| <i>paricalcitol oral capsule 4 mcg</i>  | Tier 2 Generic            |                     |
| RAYALDEE ORAL<br>CAPSULE,EXTENDED RELEASE 24<br>HR 30 MCG   | Tier 3 Preferred<br>Brand | QL (2 EA per 1 day) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>         |                            |   |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                      | Tier 5 Specialty           | PA; SP  |
| <b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>    |                            |   |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                            | Tier 3 Preferred Brand     | PA  |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | Tier 3 Preferred Brand     | PA  |
| <b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>      |                            |   |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG    | Tier 5 Specialty           | PA; SP  |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG               | Tier 5 Specialty           | PA; SP  |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML                      | Tier 5 Specialty           | PA; SP  |
| <b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>    |                            |   |
| ORLISSA ORAL TABLET 150 MG, 200 MG                           | Tier 3 Preferred Brand     | PA  |
| <b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>    |                            |   |
| FENSOLVI SUBCUTANEOUS SYRINGE 45 MG                          | Tier 5 Specialty           | PA; SP  |

| Drug   | Status           | Notes  |
|--|------------------|--------|
| LUPRON DEPOT-PED (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 11.25<br>MG, 30 MG | Tier 5 Specialty | PA; SP |
| LUPRON DEPOT-PED<br>INTRAMUSCULAR KIT 11.25 MG, 15<br>MG, 7.5 MG (PED)     | Tier 5 Specialty | PA; SP |
| LUPRON DEPOT-PED<br>INTRAMUSCULAR SYRINGE KIT 45<br>MG                     | Tier 5 Specialty | PA; SP |
| SUPPRELIN LA IMPLANT KIT 50 MG<br>(65 MCG/DAY)                             | Tier 5 Specialty | PA; SP |
| <b>Natriuretic Peptides</b>  |                  |        |
| VOXZOGO SUBCUTANEOUS RECON<br>SOLN 0.4 MG, 0.56 MG, 1.2 MG                 | Tier 5 Specialty | PA; SP |
| <b>Parathyroid Hormones</b>  |                  |        |
| YORVIPATH SUBCUTANEOUS PEN<br>INJECTOR 420 MCG/1.4 ML                      | Tier 5 Specialty | PA; SP |
| <b>Pituitary Suppressive Agents</b>  |                  |        |
| <i>cabergoline oral tablet 0.5 mg</i>                                      | Tier 2 Generic   |        |
| <i>danazol oral capsule 100 mg, 200 mg,<br/>50 mg</i>                      | Tier 2 Generic   |        |
| <b>Endocrine Disorder - Thyroid</b>  |                  |        |
| <b>Antithyroid Preparations</b>  |                  |        |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                 | Tier 2 Generic   |        |
| <i>propylthiouracil oral tablet 50 mg</i>                                  | Tier 2 Generic   |        |
| <b>Insulin-Like Growth Factor Receptor<br/>(Igf-R) Inhib</b>               |                  |        |
| TEPEZZA INTRAVENOUS RECON<br>SOLN 500 MG                                   | Tier 5 Specialty | PA; SP |
| <b>Iodine Containing Agents</b>  |                  |        |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI)                     | Tier 2 Generic   |        |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)                            | Tier 2 Generic   |        |
| STRONG IODINE ORAL SOLUTION 5<br>%   | Tier 2 Generic   |        |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Thyroid Hormones</b>   |                            |  |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days |
| ARMOUR THYROID ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG (thyroid (pork)) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| ARMOUR THYROID ORAL TABLET 15 (thyroid (pork))<br>MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days |
| ARMOUR THYROID ORAL TABLET<br>180 MG, 240 MG, 300 MG | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Liothyronine tablets within the past 120 days                       |
| ERMEZA ORAL SOLUTION 30 MCG/ML  | Tier 2 Generic             | PA   |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)        | Tier 2 Generic             | QL (2 EA per 1 day)  |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint) | Tier 2 Generic             | PA   |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)          | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)  | Tier 2 Generic             | QL (2 EA per 1 day)  |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)  | Tier 2 Generic             |  |



| Drug   | Status                            | Notes   |
|--|-----------------------------------|---|
| <p>NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</p> <p>(thyroid (pork))</p>   | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days</p> |
| <p>NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</p> <p>(thyroid (pork))</p>   | <p>Tier 2 Generic</p>             |   |
| <p>SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</p> <p>(levothyroxine)</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)</p>                   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| THYQUIDITY ORAL SOLUTION 20 MCG/ML  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)  |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)   | Tier 2 Generic             |   |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)   | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG  | Tier 4 Non-Preferred Brand | PA  |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 4 Non-Preferred Brand | PA  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| UNITHROID ORAL TABLET 100 MCG, (levothyroxine)<br>112 MCG, 125 MCG, 137 MCG, 150<br>MCG, 175 MCG, 200 MCG, 25 MCG,<br>300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day) |
| <b>Eye - General Disorders</b>  |                            |  |
| <b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>   |                            |  |
| <i>prednisoln sp-moxiflox-bromfen<br/>ophthalmic (eye) drops 1-0.5-0.075 %</i>  | Tier 2 Generic             |  |
| <i>prednisolone-moxiflo-nepafenac<br/>ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>   | Tier 2 Generic             |  |
| <i>prednisolone-moxiflox-bromfen<br/>ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>  | Tier 2 Generic             |  |
| <i>prednisolon-moxiflox-bromf(pf)<br/>ophthalmic (eye) drops 1-0.5-0.09 %</i>   | Tier 2 Generic             |  |

| Drug   |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| <b>Eye Antibiotic-Corticoid Combinations</b>   |                                 |                            |   |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %                             | (neomycin-polymyxin b-dexameth) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>             | (Neo-Polycin HC)                | Tier 2 Generic             |   |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | (Maxitrol)                      | Tier 2 Generic             |   |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>          | (Maxitrol)                      | Tier 2 Generic             |   |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>           |                                 | Tier 2 Generic             |   |
| NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%                                 | (neomycin-bacitracin-poly-hc)   | Tier 2 Generic             |   |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %  |                                 | Tier 4 Non-Preferred Brand |   |
| <i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>                                   |                                 | Tier 2 Generic             |   |
| <i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>                       |                                 | Tier 2 Generic             |   |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %   |                                 | Tier 3 Preferred Brand     |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| TOBRADEX ST OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3-0.05 %                    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days   |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>    | Tier 2 Generic             |  |
| ZYLET OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3-0.5 %                           | Tier 4 Non-Preferred Brand |  |
| <b>Eye Antihistamines</b>  |                            |  |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                | Tier 2 Generic             | QL (12 ML per 30 days)   |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)             | Tier 2 Generic             | ST: Requires prior prescription for one generic ophthalmic antihistamines (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)  |
| BEPREVE OPHTHALMIC (EYE) (bepotastine besilate)<br>DROPS 1.5 %                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for one generic ophthalmic antihistamines (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                | Tier 2 Generic             | QL (10 ML per 30 days)   |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf) | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief) | Tier 2 Generic             | QL (3 ML per 30 days)   |
| <b>Eye Antiinflammatory Agents</b>  |                            |   |
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                         |
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)                           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 30 days) |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %                          | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days)   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 %<br>(loteprednol etabonate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days) |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)               | Tier 2 Generic             | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)  |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)              | Tier 2 Generic             | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)  |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                          | Tier 2 Generic             | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| BROMSITE OPHTHALMIC (EYE) (bromfenac)<br>DROPS 0.075 %             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days) |
| <i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>         | Tier 2 Generic             | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)   |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | Tier 2 Generic             | QL (15 ML per 14 days)  |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG                            | Tier 4 Non-Preferred Brand |   |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>              | Tier 2 Generic             | QL (10 ML per 14 days)  |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)       | Tier 2 Generic             | QL (10 ML per 14 days)  |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DUREZOL OPTHALMIC (EYE) (difluprednate)<br>DROPS 0.05 %                                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 14 days) |
| EYSUVIS OPTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                                       | Tier 4 Non-Preferred Brand | PA  |
| FLAREX OPTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)  |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm)<br><i>drops,suspension 0.1 %</i> | Tier 2 Generic             | QL (10 ML per 14 days)  |
| <i>flurbiprofen sodium ophthalmic (eye)</i><br><i>drops 0.03 %</i>                       | Tier 2 Generic             |   |
| FML FORTE OPTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| FML LIQUIFILM OPHTHALMIC (EYE) (fluorometholone)<br>DROPS,SUSPENSION 0.1 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 14 days) |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                          | Tier 3 Preferred Brand     | QL (3.4 ML per 16 days)   |
| ILUVIEN INTRAVITREAL IMPLANT 0.19 MG                                       | Tier 4 Non-Preferred Brand | SP  |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)   |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)                  | Tier 2 Generic             |   |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)                     | Tier 2 Generic             | QL (20 ML per 30 days)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate)<br>DROPS,GEL 0.5 %               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 14 days) |
| LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate)<br>DROPS,SUSPENSION 0.5 %        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 14 days) |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %  | Tier 3 Preferred Brand     | QL (7 GM per 14 days)   |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %                                   | Tier 3 Preferred Brand     | QL (10 GM per 14 days)  |
| <i>loteprednol etabonate ophthalmic (eye)</i> (Lotemax)<br><i>drops,gel 0.5 %</i> | Tier 2 Generic             | QL (10 GM per 14 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>loteprednol etabonate ophthalmic (eye)</i> (Alrex)<br><i>drops,suspension 0.2 %</i> | Tier 2 Generic             | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)  |
| <i>loteprednol etabonate ophthalmic (eye)</i><br><i>drops,suspension 0.5 %</i>         | Tier 2 Generic             | QL (20 ML per 14 days)  |
| MAXIDEX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)  |
| NEVANAC OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (9 ML per 16 days)  |
| OZURDEX INTRAVITREAL IMPLANT<br>0.7 MG   | Tier 4 Non-Preferred Brand | SP  |
| PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate)<br>DROPS,SUSPENSION 1 %             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 14 days) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PRED MILD OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.12 %                             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)  |
| <i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>            | Tier 2 Generic             | QL (20 ML per 14 days)  |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)    | Tier 2 Generic             | QL (20 ML per 14 days)  |
| <i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i> | Tier 2 Generic             |   |
| <i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>   | Tier 2 Generic             |   |
| <i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>             | Tier 2 Generic             |   |
| <i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>             | Tier 2 Generic             |   |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                   | Tier 2 Generic             | QL (20 ML per 14 days)  |
| PROLENSA OPHTHALMIC (EYE)<br>DROPS 0.07 % (bromfenac)                             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days) |
| RETISERT INTRAVITREAL IMPLANT<br>0.59 MG  | Tier 4 Non-Preferred Brand | SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML                                | Tier 5 Specialty           | SP  |
| <b>Eye Antivirals</b>   |                            |   |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                | Tier 2 Generic             |   |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days |
| <b>Eye Local Anesthetics</b>  |                            |   |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %   | Tier 4 Non-Preferred Brand |   |
| ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %                           | Tier 2 Generic             |   |
| ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)                        | Tier 2 Generic             |   |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)    | Tier 2 Generic             |   |
| <i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>                | Tier 2 Generic             |   |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>             | Tier 2 Generic             |   |
| IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %                             | Tier 4 Non-Preferred Brand |   |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                    | Tier 2 Generic             |   |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>                       | Tier 2 Generic             |   |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)                | Tier 2 Generic             |   |
| <b>Eye Sulfonamides</b>   |                            |   |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %                          | Tier 3 Preferred Brand     |   |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                       | Tier 2 Generic             |   |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                    | Tier 2 Generic             |   |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 2 Generic             |   |
| <b>Eye Vasoconstrictors (Rx Only)</b>   |                            |   |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                   | Tier 2 Generic             |   |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %                                | Tier 4 Non-Preferred Brand | PA  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--------|
| <b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>  |                            |        |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY  | Tier 3 Preferred Brand     | PA     |
| <b>Ophthalmic (Eye) Antiparasitics</b>   |                            |        |
| XDEMVI OPTHALMIC (EYE) DROPS 0.25 %  | Tier 5 Specialty           | PA; SP |
| <b>Ophthalmic Antibiotics</b>  |                            |        |
| AZASITE OPTHALMIC (EYE) DROPS 1 %  | Tier 4 Non-Preferred Brand |        |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>  | Tier 2 Generic             |        |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)                     | Tier 2 Generic             |        |
| BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION 0.6 %   | Tier 3 Preferred Brand     |        |
| CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %   | Tier 3 Preferred Brand     |        |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>  | Tier 2 Generic             |        |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>  | Tier 2 Generic             |        |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>   | Tier 2 Generic             |        |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>   | Tier 2 Generic             |        |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>   | Tier 2 Generic             |        |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)   | Tier 2 Generic             |        |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>  | Tier 2 Generic             |        |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | Tier 2 Generic             |        |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                 | Tier 2 Generic             |        |
| NEO-POLYCIN OPTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)         | Tier 2 Generic             |        |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| OCUFLOX OPHTHALMIC (EYE) (ofloxacin)<br>DROPS 0.3 %                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)                            | Tier 2 Generic             |   |
| POLYCIN OPHTHALMIC (EYE) (bacitracin-polymyxin b)<br>OINTMENT 500-10,000 UNIT/GRAM | Tier 2 Generic             |   |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>   | Tier 2 Generic             |   |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                     | Tier 2 Generic             |   |
| <i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>               | Tier 2 Generic             |   |
| TOBREX OPHTHALMIC (EYE)<br>OINTMENT 0.3 %  | Tier 3 Preferred Brand     |   |
| <i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>              | Tier 2 Generic             |   |
| VIGAMOX OPHTHALMIC (EYE) (moxifloxacin)<br>DROPS 0.5 %                             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Ophthalmic Antifungal Agents</b>  |                            |   |
| NATACYN OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %                             | Tier 4 Non-Preferred Brand |   |
| <b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>                     |                            |   |
| CEQUA OPHTHALMIC (EYE)<br>DROPPERETTE 0.09 %                                 | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Restasis and Xiidra within the past 365 days; QL (60 EA per 30 days)   |
| CYCLOSPORINE IN KLARITY<br>OPHTHALMIC (EYE) DROPS 0.1-0.25 %                 | Tier 2 Generic             |   |
| <i>cyclosporine ophthalmic (eye)</i> (Restasis)<br><i>dropperette 0.05 %</i> | Tier 2 Generic             | QL (60 EA per 30 days)  |
| RESTASIS MULTIDOSE OPHTHALMIC<br>(EYE) DROPS 0.05 %                          | Tier 3 Preferred Brand     | QL (5.5 ML per 30 days)   |
| RESTASIS OPHTHALMIC (EYE) (cyclosporine)<br>DROPPERETTE 0.05 %               | Tier 2 Generic             | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days) |
| VEVYE OPHTHALMIC (EYE) DROPS<br>0.1 %  | Tier 4 Non-Preferred Brand | PA  |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                   | Tier 3 Preferred Brand     | QL (60 EA per 30 days)  |
| <b>Ophthalmic Complement Inhibitors</b>                                      |                            |   |
| IZERVAY (PF) INTRAVITREAL<br>SOLUTION 2 MG/0.1 ML                            | Tier 5 Specialty           | PA; SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Ophthalmic Mast Cell Stabilizers</b>                    |                            |   |
| ALOMIDE OPHTHALMIC (EYE) DROPS<br>0.1 %                    | Tier 3 Preferred Brand     | ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days) |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                 | Tier 2 Generic             | QL (50 ML per 30 days)  |
| <b>Ophthalmic Preparations, Miscellaneous</b>              |                            |   |
| AMVISC INTRAOCULAR SYRINGE 12 MG/ML                        | Tier 4 Non-Preferred Brand |   |
| AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML                   | Tier 4 Non-Preferred Brand |   |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML                        | Tier 4 Non-Preferred Brand |   |
| HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML               | Tier 4 Non-Preferred Brand |   |
| HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML                 | Tier 4 Non-Preferred Brand |   |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML                    | Tier 4 Non-Preferred Brand |   |
| HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML                   | Tier 4 Non-Preferred Brand |   |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML                       | Tier 4 Non-Preferred Brand |   |
| RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %                | Tier 4 Non-Preferred Brand |   |
| TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)      | Tier 4 Non-Preferred Brand |   |
| <b>Eye - Glaucoma</b>                                      |                            |   |
| <b>Carbonic Anhydrase Inhibitors</b>                       |                            |   |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 2 Generic             |   |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>            | Tier 2 Generic             |   |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>              | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Miotics/Other Intraoc. Pressure Reducers</b>                  |                            |   |
| ALPHAGAN P OPHTHALMIC (EYE) (brimonidine)<br>DROPS 0.1 %, 0.15 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                | Tier 2 Generic             |   |
| AZOPT OPHTHALMIC (EYE) (brinzolamide)<br>DROPS,SUSPENSION 1 %    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                    | Tier 2 Generic             |   |
| BETIMOL OPHTHALMIC (EYE) DROPS<br>0.25 %                         | Tier 4 Non-Preferred Brand |   |
| BETIMOL OPHTHALMIC (EYE) DROPS (timolol)<br>0.5 %                | Tier 4 Non-Preferred Brand |   |
| BETOPTIC S OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %           | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>                  | Tier 2 Generic             |   |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                       | Tier 2 Generic             | QL (1 ML per 12 days)   |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)   | Tier 2 Generic             |   |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                        | Tier 2 Generic             |   |
| <i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>    | Tier 2 Generic             |   |
| <i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>          | Tier 2 Generic             |   |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan) | Tier 2 Generic             |   |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)      | Tier 2 Generic             |   |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                            | Tier 2 Generic             |   |
| COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol)<br>DROPS 0.2-0.5 %     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf))        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day) |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide-timolol)                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| <i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>                                 | Tier 2 Generic             |  |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                      | Tier 2 Generic             |  |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF)) | Tier 2 Generic             | ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt) | Tier 2 Generic             |   |
| DURYSTA INTRACAMERAL IMPLANT 10 MCG                                       | Tier 5 Specialty           | SP  |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %                                 | Tier 4 Non-Preferred Brand |   |
| ISTALOL OPHTHALMIC (EYE) DROPS, (timolol maleate) ONCE DAILY 0.5 %        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %                          | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (1 EA per 1 day)   |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)               | Tier 2 Generic             |   |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                           | Tier 2 Generic             |   |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                     | Tier 3 Preferred Brand     | QL (2.5 ML per 25 days)   |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %                         | Tier 5 Specialty           | SP  |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>               | Tier 2 Generic             |   |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %                                  | Tier 4 Non-Preferred Brand | PA  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| RHOPRESSA OPTHALMIC (EYE)<br>DROPS 0.02 %  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza or Travatan Z within the past 365 days; QL (2.5 ML per 30 days)                    |
| ROCKLATAN OPTHALMIC (EYE)<br>DROPS 0.02-0.005 %  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days) |
| SIMBRINZA OPTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %  | Tier 3 Preferred Brand     |  |
| <i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF))<br><i>dropperette 0.0015 %</i>                    | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>                    | Tier 2 Generic             |  |
| <i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF))<br><i>dropperette 0.25 %, 0.5 %</i> | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>  | Tier 2 Generic             |  |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)                                | Tier 2 Generic             |  |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                               | Tier 2 Generic             |  |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)  | Tier 2 Generic             |  |
| <i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>  | Tier 2 Generic             |  |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>                                | Tier 2 Generic             |  |
| <i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>                                | Tier 2 Generic             |  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| TIMOPTIC OCUDOSE (PF) (timolol maleate (pf))<br>OPHTHALMIC (EYE) DROPPERETTE<br>0.25 %, 0.5 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)     |
| TRAVATAN Z OPHTHALMIC (EYE) (travoprost)<br>DROPS 0.004 %                                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2.5 ML per 25 days) |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                                 | Tier 2 Generic             | QL (2.5 ML per 25 days)  |
| Vuity OPHTHALMIC (EYE) DROPS<br>1.25 %  | Tier 4 Non-Preferred Brand | PA   |
| VYZULTA OPHTHALMIC (EYE) DROPS<br>0.024 %   | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)  |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| XALATAN OPHTHALMIC (EYE) DROPS (latanoprost)<br>0.005 %              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)  |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Mydriatics</b>  |                            |  |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>       | Tier 2 Generic             |  |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)         | Tier 2 Generic             |  |
| <i>atropine ophthalmic (eye) ointment 1 %</i>                        | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>   | Tier 2 Generic             |   |
| CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate)<br>DROPS 0.5 %, 1 %, 2 %                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CYCLOMYDRIL OPHTHALMIC (EYE)<br>DROPS 0.2-1 %   | Tier 4 Non-Preferred Brand |   |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)   | Tier 2 Generic             |   |
| <i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>                               | Tier 2 Generic             |   |
| <i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i> | Tier 2 Generic             |   |
| <i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>                | Tier 2 Generic             |   |
| HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr)<br>DROPS 5 %  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ISOPTO ATROPINE OPHTHALMIC (atropine)<br>(EYE) DROPS 1 %                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| MYDCOMBI OPHTHALMIC (EYE)<br>CARTRIDGE 2.5-1 %                                   | Tier 4 Non-Preferred Brand |   |
| MYDRIACYL OPHTHALMIC (EYE) (tropicamide)<br>DROPS 1 %                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>phenyleph-tropicamide in water<br/>ophthalmic (eye) drops 2.5-1 %</i>         | Tier 2 Generic             |   |
| <i>tropicamide ophthalmic (eye) drops 0.5 %</i>                                  | Tier 2 Generic             |   |
| <i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)                         | Tier 2 Generic             |   |
| <b>Ophthalmic Antifibrotic Agents</b>  |                            |   |
| <i>mitomycin (pf) in water ophthalmic (eye)<br/>syringe 0.2 mg/ml, 0.4 mg/ml</i> | Tier 5 Specialty           | SP  |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2<br>MG   | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--------|
| <b>Eye - Miscellaneous</b>   |                            |        |
| <b>Artificial Tears</b>  |                            |        |
| KLARITY (CHONDROITIN) (PF)<br>OPHTHALMIC (EYE) DROPS 0.25 %  | Tier 4 Non-Preferred Brand |        |
| MIEBO (PF) OPHTHALMIC (EYE)<br>DROPS 100 %   | Tier 3 Preferred Brand     |        |
| <b>Eye Mydriatic And Nsaid Combinations</b>  |                            |        |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe-<br>OPHTHALMIC (EYE) DROPS 1-0.5-2.5-<br>0.5 % ketor-wat)                 | Tier 2 Generic             |        |
| <b>Eye Preparations, Miscellaneous (Otc)</b>   |                            |        |
| GELFILM OPHTHALMIC (EYE) FILM  | Tier 4 Non-Preferred Brand |        |
| <b>Ocular Photoactivated Vessel-Occluding Agents</b>   |                            |        |
| VISUDYNE INTRAVENOUS RECON<br>SOLN 15 MG   | Tier 5 Specialty           | SP     |
| <b>Ophth Vasc. Endothelial Growth Factor Antagonists</b>   |                            |        |
| EYLEA HD INTRAVITREAL SOLUTION<br>8 MG/0.07 ML   | Tier 5 Specialty           | PA; SP |
| EYLEA INTRAVITREAL SOLUTION 2<br>MG/0.05 ML  | Tier 5 Specialty           | PA; SP |
| EYLEA INTRAVITREAL SYRINGE 2<br>MG/0.05 ML   | Tier 5 Specialty           | PA; SP |
| PAVBLU INTRAVITREAL SOLUTION 2<br>MG/0.05 ML   | Tier 5 Specialty           | PA; SP |
| PAVBLU INTRAVITREAL SYRINGE 2<br>MG/0.05 ML  | Tier 5 Specialty           | PA; SP |
| <b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>  |                            |        |
| BEOVU INTRAVITREAL SYRINGE 6<br>MG/0.05 ML   | Tier 5 Specialty           | PA; SP |
| <i>bevacizumab intravitreal syringe 1.25<br/>mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml,<br/>2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i> | Tier 5 Specialty           | PA; SP |
| BYOOVIZ INTRAVITREAL SOLUTION<br>0.5 MG/0.05 ML  | Tier 5 Specialty           | PA; SP |
| CIMERLI INTRAVITREAL SOLUTION<br>0.3 MG/0.05 ML, 0.5 MG/0.05 ML  | Tier 5 Specialty           | PA; SP |
| LUCENTIS INTRAVITREAL SOLUTION<br>0.3 MG/0.05 ML, 0.5 MG/0.05 ML   | Tier 5 Specialty           | PA; SP |
| LUCENTIS INTRAVITREAL SYRINGE<br>0.3 MG/0.05 ML, 0.5 MG/0.05 ML  | Tier 5 Specialty           | PA; SP |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| SUSVIMO (INITIAL FILL)<br>INTRAVITREAL SOLUTION 10 MG/0.1 ML | Tier 5 Specialty           | PA; SP   |
| SUSVIMO INTRAVITREAL SOLUTION<br>10 MG/0.1 ML                | Tier 5 Specialty           | PA; SP   |
| <b>Ophthalmic Cystine Depleting Agents</b>                   |                            |  |
| CYSTARAN OPHTHALMIC (EYE)<br>DROPS 0.44 %                    | Tier 5 Specialty           | PA; SP   |
| <b>Ophthalmic Vegf-A And Ang-2 Inhib,<br/>Bispecific Ab</b>  |                            |  |
| VABYSMO INTRAVITREAL SOLUTION<br>6 MG/0.05 ML                | Tier 5 Specialty           | PA; SP   |
| VABYSMO INTRAVITREAL SYRINGE 6<br>MG/0.05 ML                 | Tier 5 Specialty           | PA; SP   |
| <b>Gout And Related Diseases</b>                             |                            |  |
| <b>Colchicine</b>  |                            |  |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare)             | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys)               | Tier 2 Generic             | QL (4 EA per 1 day)  |
| COLCRYS ORAL TABLET 0.6 MG (colchicine)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| GLOPERBA ORAL SOLUTION 0.6<br>MG/5 ML                        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| MITIGARE ORAL CAPSULE 0.6 MG (colchicine)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)  |
| <b>Hyperuricemia Tx - Purine Inhibitors</b>  |                            |   |
| allopurinol oral tablet 100 mg (Zyloprim)    | Tier 2 Generic             |   |
| allopurinol oral tablet 300 mg               | Tier 2 Generic             |   |
| febuxostat oral tablet 40 mg, 80 mg (Uloric) | Tier 2 Generic             | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)  |
| ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ZYLOPRIM ORAL TABLET 100 MG (allopurinol)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Hyperuricemia Tx - Urate-Oxidase Enzyme-Type</b>  |                            |   |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML   | Tier 5 Specialty           | PA; SP  |
| <b>Uricosuric Agents</b>   |                            |   |
| <i>probenecid oral tablet 500 mg</i>   | Tier 2 Generic             |   |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>  | Tier 2 Generic             |   |
| <b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>   |                            |   |
| DUZALLO ORAL TABLET 200-200 MG, 200-300 MG   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)   |
| <b>Hematological Disorders</b>   |                            |   |
| <b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>  |                            |   |
| ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT   | Tier 5 Specialty           | PA; SP  |
| CABLIVI INJECTION KIT 11 MG  | Tier 5 Specialty           | PA; SP  |
| CABLIVI INJECTION RECON SOLN 11 MG   | Tier 5 Specialty           | PA; SP  |
| <b>Anticoagulants, Coumarin Type</b>   |                            |   |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)        | Tier 2 Generic             |   |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antifibrinolytic Agents</b>                                   |                            |   |
| AMICAR ORAL SOLUTION 250 MG/ML (aminocaproic acid) (25 %)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar) | Tier 2 Generic             |   |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)   | Tier 2 Generic             |   |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)         | Tier 5 Specialty           | SP  |
| RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)            | Tier 4 Non-Preferred Brand | SP  |
| <i>tranexamic acid oral tablet 650 mg</i>                        | Tier 2 Generic             |   |



| Drug  | Status           | Notes |
|---|------------------|-------|
| <b>Antihemophilic Factors</b>   |                  |       |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT  | Tier 5 Specialty | SP    |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT   | Tier 5 Specialty | SP    |
| AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | Tier 5 Specialty | SP    |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML                             | Tier 5 Specialty | SP    |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT   | Tier 5 Specialty | SP    |
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT  | Tier 5 Specialty | SP    |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT  | Tier 5 Specialty | SP    |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT  | Tier 5 Specialty | SP    |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT  | Tier 5 Specialty | SP    |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT   | Tier 5 Specialty | SP    |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT   | Tier 5 Specialty | SP    |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT  | Tier 5 Specialty | SP    |

| Drug  | Status           | Notes |
|---|------------------|-------|
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT  | Tier 5 Specialty | SP    |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT  | Tier 5 Specialty | SP    |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT   | Tier 5 Specialty | SP    |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                 | Tier 5 Specialty | SP    |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                    | Tier 5 Specialty | SP    |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 Specialty | SP    |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)                              | Tier 5 Specialty | SP    |
| NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT                  | Tier 5 Specialty | SP    |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE  | Tier 5 Specialty | SP    |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT                 | Tier 5 Specialty | SP    |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)   | Tier 5 Specialty | SP    |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT  | Tier 5 Specialty | SP    |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT  | Tier 5 Specialty | SP    |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                | Tier 5 Specialty | SP    |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antiporphyria Factors</b>   |                            |   |
| PANHEMATIN INTRAVENOUS RECON SOLN 350 MG                                     | Tier 5 Specialty           | SP  |
| <b>Blood Factors,Miscellaneous</b>   |                            |   |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE | Tier 5 Specialty           | SP  |
| <b>Citrates As Anticoagulants</b>  |                            |   |
| <i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>        | Tier 2 Generic             |   |
| <i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>        | Tier 2 Generic             |   |
| REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L                                     | Tier 4 Non-Preferred Brand |   |
| <i>sodium citrate in 0.9 % nacl solution 0.5 %</i>                           | Tier 2 Generic             |   |
| <i>sodium citrate intra-catheter solution 4 %</i>                            | Tier 2 Generic             |   |
| <i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>          | Tier 2 Generic             |   |
| <i>sodium citrate solution 4 gram /100 ml (4 %)</i>                          | Tier 2 Generic             |   |
| <b>Direct Factor Xa Inhibitors</b>   |                            |   |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)         | Tier 3 Preferred Brand     | QL (74 EA per 30 days)  |
| ELIQUIS ORAL TABLET 2.5 MG   | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |
| ELIQUIS ORAL TABLET 5 MG   | Tier 3 Preferred Brand     | QL (74 EA per 30 days)  |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)                              | Tier 2 Generic             | QL (2 EA per 1 day)   |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG                                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)  | Tier 3 Preferred Brand     | QL (51 EA per 30 days)  |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML                           | Tier 3 Preferred Brand     | QL (20 ML per 1 day)  |
| XARELTO ORAL TABLET 10 MG, 20 MG   | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| XARELTO ORAL TABLET 15 MG  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |
| XARELTO ORAL TABLET 2.5 MG (rivaroxaban)                                     | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| <b>Erythroid Maturation Agents</b>  |                  |        |
| REBLOZYL SUBCUTANEOUS RECON<br>SOLN 25 MG, 75 MG  | Tier 5 Specialty | PA; SP |
| <b>Factor Ix Complex (Pcc) Preparations</b>   |                  |        |
| BALFAXAR INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 500 UNIT   | Tier 5 Specialty | SP     |
| KCENTRA INTRAVENOUS RECON<br>SOLN 1,000 UNIT (800-1240 UNIT), 500<br>UNIT (400-620 UNIT)                                      | Tier 5 Specialty | SP     |
| PROFILNINE INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 500 (+/-) UNIT                                    | Tier 5 Specialty | SP     |
| <b>Factor Ix Preparations</b>   |                  |        |
| ALPHANINE SD INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 500 (+/-) UNIT                                  | Tier 5 Specialty | SP     |
| ALPROLIX INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 4,000 UNIT, 500<br>UNIT                   | Tier 5 Specialty | SP     |
| BENEFIX INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 500 UNIT                                   | Tier 5 Specialty | SP     |
| IDELVION INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT,<br>500 (+/-) UNIT | Tier 5 Specialty | SP     |
| IXINITY INTRAVENOUS RECON SOLN<br>1,000 UNIT, 1,500 UNIT, 2,000 UNIT,<br>250 UNIT, 3,000 UNIT, 500 UNIT                       | Tier 5 Specialty | SP     |
| REBINYN INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                     | Tier 5 Specialty | SP     |
| RIXUBIS INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 500 UNIT                                   | Tier 5 Specialty | SP     |
| <b>Factor X Preparations</b>  |                  |        |
| COAGADEX INTRAVENOUS RECON<br>SOLN 250 (+/-) UNIT RANGE, 500 (+/-)<br>UNIT RANGE  | Tier 5 Specialty | SP     |
| <b>Factor Xiii Preparations</b>   |                  |        |
| CORIFACT INTRAVENOUS RECON<br>SOLN 1,000-1,600 UNIT   | Tier 5 Specialty | SP     |
| TRETEN INTRAVENOUS RECON<br>SOLN 2,500 UNIT   | Tier 5 Specialty | SP     |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| <b>Hematinics, Other</b>  |                  |        |
| ARANESP (IN POLYSORBATE)<br>INJECTION SOLUTION 100 MCG/ML,<br>200 MCG/ML, 25 MCG/ML, 40 MCG/ML,<br>60 MCG/ML  | Tier 5 Specialty | PA; SP |
| ARANESP (IN POLYSORBATE)<br>INJECTION SYRINGE 10 MCG/0.4 ML,<br>100 MCG/0.5 ML, 150 MCG/0.3 ML, 200<br>MCG/0.4 ML, 25 MCG/0.42 ML, 300<br>MCG/0.6 ML, 40 MCG/0.4 ML, 500<br>MCG/ML, 60 MCG/0.3 ML | Tier 5 Specialty | PA; SP |
| EPOGEN INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML  | Tier 5 Specialty | PA; SP |
| PROCRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML, 40,000<br>UNIT/ML  | Tier 5 Specialty | PA; SP |
| RETACRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML, 40,000<br>UNIT/ML   | Tier 5 Specialty | PA; SP |
| <b>Hemophilia Treatment Agents, Non-Factor Replacement</b>  |                  |        |
| ALHEMO PEN SUBCUTANEOUS PEN<br>INJECTOR 150 MG/1.5 ML (100<br>MG/ML), 300 MG/3 ML (100 MG/ML), 60<br>MG/1.5 ML (40 MG/ML)   | Tier 5 Specialty | PA; SP |
| HEMLIBRA SUBCUTANEOUS<br>SOLUTION 105 MG/0.7 ML, 12 MG/0.4<br>ML, 150 MG/ML, 30 MG/ML, 300 MG/2<br>ML (150 MG/ML), 60 MG/0.4 ML   | Tier 5 Specialty | PA; SP |
| HYMPAVZI PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML   | Tier 5 Specialty | PA; SP |
| <b>Hemorrhologic Agents</b>   |                  |        |
| <i>pentoxifylline oral tablet extended<br/>release 400 mg</i>   | Tier 2 Generic   |        |

| Drug   | Status           | Notes   |
|--|------------------|---|
| <b>Heparin And Related Preparations</b>                      |                  |   |
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>10 MG/0.8 ML  | Tier 5 Specialty | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (24 ML per 30 days) |
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>2.5 MG/0.5 ML | Tier 5 Specialty | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (15 ML per 30 days) |

| Drug   | Status           | Notes   |
|--|------------------|---|
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>5 MG/0.4 ML   | Tier 5 Specialty | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (12 ML per 30 days) |
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>7.5 MG/0.6 ML   | Tier 5 Specialty | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days) |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)  | Tier 5 Specialty | QL (30 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox) | Tier 5 Specialty |   |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)  | Tier 5 Specialty | QL (24 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)   | Tier 5 Specialty | QL (15 ML per 30 days)  |

| Drug   | Status           | Notes                    |
|--|------------------|--------------------------|
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)   | Tier 5 Specialty | QL (12 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)   | Tier 5 Specialty | QL (18 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML  | Tier 5 Specialty | QL (8 ML per 1 day)      |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML   | Tier 5 Specialty | QL (7.6 ML per 30 days)  |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML  | Tier 5 Specialty | QL (60 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML  | Tier 5 Specialty | QL (30 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML  | Tier 5 Specialty | QL (36 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML   | Tier 5 Specialty | QL (43.2 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML  | Tier 5 Specialty | QL (12 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML   | Tier 5 Specialty | QL (18 ML per 30 days)   |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML  | Tier 2 Generic   |                          |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>  | Tier 2 Generic   |                          |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | Tier 2 Generic   |                          |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>  | Tier 2 Generic   |                          |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                             | Tier 2 Generic   |                          |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | Tier 2 Generic   |                          |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>   | Tier 2 Generic   |                          |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin, porcine (pf))                                   | Tier 2 Generic   |                          |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>  | Tier 2 Generic   |                          |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>  | Tier 2 Generic   |                          |



| Drug   | Status           | Notes   |
|--|------------------|---|
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>   | Tier 2 Generic   |   |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>   | Tier 2 Generic   |   |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))                                | Tier 2 Generic   |   |
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>  | Tier 2 Generic   |   |
| LOVENOX SUBCUTANEOUS (enoxaparin)<br>SOLUTION 300 MG/3 ML  | Tier 5 Specialty | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 30 days) |
| LOVENOX SUBCUTANEOUS (enoxaparin)<br>SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML | Tier 5 Specialty | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                         |

| Drug  | Status                     | Notes  |
|---|----------------------------|--------|
| <b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>             |                            |        |
| ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML                                 | Tier 5 Specialty           | PA; SP |
| FABHALTA ORAL CAPSULE 200 MG  | Tier 5 Specialty           | PA; SP |
| PIASKY INJECTION SOLUTION 340 MG/2 ML                                 | Tier 5 Specialty           | PA; SP |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML                             | Tier 5 Specialty           | PA; SP |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML                              | Tier 5 Specialty           | PA; SP |
| <b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>               |                            |        |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG                    | Tier 4 Non-Preferred Brand | PA     |
| VAFSEO ORAL TABLET 150 MG, 300 MG                                     | Tier 4 Non-Preferred Brand | PA     |
| <b>Leukocyte (Wbc) Stimulants</b>                                     |                            |        |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 Specialty           | PA; SP |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 Specialty           | PA; SP |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML               | Tier 5 Specialty           | PA; SP |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML            | Tier 5 Specialty           | PA; SP |
| LEUKINE INJECTION RECON SOLN 250 MCG                                  | Tier 5 Specialty           | PA; SP |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | Tier 5 Specialty           | PA; SP |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 Specialty           | PA; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                | Tier 5 Specialty           | PA; SP |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML             | Tier 5 Specialty           | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                | Tier 5 Specialty           | PA; SP |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML          | Tier 5 Specialty           | PA; SP |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML               | Tier 5 Specialty           | PA; SP |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 Specialty           | PA; SP |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| RELEUKO SUBCUTANEOUS SYRINGE<br>300 MCG/0.5 ML, 480 MCG/0.8 ML  | Tier 5 Specialty | PA; SP |
| ROLVEDON SUBCUTANEOUS<br>SYRINGE 13.2 MG/0.6 ML   | Tier 5 Specialty | PA; SP |
| STIMUFEND SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML   | Tier 5 Specialty | PA; SP |
| UDENYCA AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 6<br>MG/0.6 ML   | Tier 5 Specialty | PA; SP |
| UDENYCA ONBODY SUBCUTANEOUS<br>SYRINGE, W/ WEARABLE INJECTOR<br>6 MG/0.6 ML   | Tier 5 Specialty | PA; SP |
| UDENYCA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML   | Tier 5 Specialty | PA; SP |
| ZARXIO INJECTION SYRINGE 300<br>MCG/0.5 ML, 480 MCG/0.8 ML  | Tier 5 Specialty | PA; SP |
| ZIEXTENZO SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML   | Tier 5 Specialty | PA; SP |
| <b>Plasma Proteins</b>  |                  |        |
| ATRYN INTRAVENOUS RECON SOLN<br>1,750 UNIT, 525 UNIT  | Tier 5 Specialty | SP     |
| RYPLAZIM INTRAVENOUS RECON<br>SOLN 68.8 MG  | Tier 5 Specialty | PA; SP |
| <b>Platelet Aggregation Inhibitors</b>  |                  |        |
| ADULT ASPIRIN REGIMEN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG   | Tier 1 EHB/ACA   |        |
| ADULT LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG  | Tier 1 EHB/ACA   |        |
| AGGRASTAT CONCENTRATE<br>INTRAVENOUS CONCENTRATE 250<br>MCG/ML  | Tier 5 Specialty | SP     |
| AGGRASTAT IN SODIUM CHLORIDE (tirofiban-0.9% sodium<br>INTRAVENOUS SOLUTION 12.5 chloride)<br>MG/250 ML (50 MCG/ML), 5 MG/100 ML<br>(50 MCG/ML) | Tier 5 Specialty | SP     |
| ASPIRIN CHILDRENS ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG   | Tier 1 EHB/ACA   |        |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)   | Tier 1 EHB/ACA   |        |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)  | Tier 1 EHB/ACA   |        |
| <i>aspirin-dipyridamole oral capsule, er<br/>multiphase 12 hr 25-200 mg</i>   | Tier 2 Generic   |        |
| BAYER LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG  | Tier 1 EHB/ACA   |        |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| BRILINTA ORAL TABLET 60 MG                                   | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| BRILINTA ORAL TABLET 90 MG (ticagrelor)                      | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)      | Tier 1 EHB/ACA             |  |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                  | Tier 2 Generic             |  |
| <i>clopidogrel oral tablet 300 mg</i>                        | Tier 2 Generic             | QL (4 EA per 30 days)  |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)                | Tier 2 Generic             |  |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>          | Tier 2 Generic             |  |
| EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel hcl)              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i> | Tier 5 Specialty           | SP   |

| Drug   |               | Status                     | Notes   |
|--|---------------|----------------------------|---|
| PLAVIX ORAL TABLET 75 MG                                     | (clopidogrel) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                 | (Effient)     | Tier 2 Generic             | QL (1 EA per 1 day)   |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG                 | (aspirin)     | Tier 1 EHB/ACA             |   |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG | (aspirin)     | Tier 1 EHB/ACA             |   |
| ZONTIVITY ORAL TABLET 2.08 MG                                |               | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)   |
| <b>Platelet Reducing Agents</b>                              |               |                            |   |
| AGRYLIN ORAL CAPSULE 0.5 MG                                  | (anagrelide)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>anagrelide oral capsule 0.5 mg</i>                        | (Agrylin)     | Tier 2 Generic             |   |
| <i>anagrelide oral capsule 1 mg</i>                          |               | Tier 2 Generic             |   |

| Drug  | Status                         | Notes  |
|---|--------------------------------|--|
| <b>Protein C Preparations</b>   |                                |  |
| CEPROTIN (BLUE BAR)<br>INTRAVENOUS RECON SOLN 500<br>UNIT                       | Tier 5 Specialty               | SP   |
| CEPROTIN (GREEN BAR)<br>INTRAVENOUS RECON SOLN 1,000<br>UNIT                    | Tier 5 Specialty               | SP   |
| <b>Pyruvate Kinase Activators</b>   |                                |  |
| PYRUKYND ORAL TABLET 20 MG, 5<br>MG, 50 MG                                      | Tier 5 Specialty               | PA; SP   |
| PYRUKYND ORAL TABLETS,DOSE<br>PACK 20 MG (7)- 5 MG (7), 50 MG (7)-<br>20 MG (7) | Tier 5 Specialty               | PA; SP   |
| <b>Sickle Cell Anemia Agents</b>  |                                |  |
| ADAKVEO INTRAVENOUS SOLUTION<br>10 MG/ML  | Tier 5 Specialty               | PA; SP   |
| DROXIA ORAL CAPSULE 200 MG, 300<br>MG, 400 MG                                   | Tier 4 Non-<br>Preferred Brand |  |
| ENDARI ORAL POWDER IN PACKET 5 (glutamine (sickle cell))<br>GRAM                | Tier 5 Specialty               | PA; SP   |
| <i>glutamine (sickle cell) oral powder in<br/>packet 5 gram</i> (Endari)        | Tier 5 Specialty               | PA; SP   |
| SIKLOS ORAL TABLET 1,000 MG   | Tier 4 Non-<br>Preferred Brand | ST: Requires prior<br>prescription for generic<br>Hydroxyurea and Droxia<br>within the past 365 days |
| SIKLOS ORAL TABLET 100 MG   | Tier 4 Non-<br>Preferred Brand | QL (2 EA per 1 day)  |
| XROMI ORAL SOLUTION 100 MG/ML   | Tier 4 Non-<br>Preferred Brand | PA   |
| <b>Spleen Tyrosine Kinase Inhibitors</b>  |                                |  |
| TAVALISSE ORAL TABLET 100 MG,<br>150 MG   | Tier 5 Specialty               | PA; SP   |
| <b>Thrombin Inhibitors,Sel.,Direct,&amp;Rev.-<br/>Hirudin Type</b>              |                                |  |
| <i>bivalirudin intravenous recon soln 250<br/>mg</i>                            | Tier 5 Specialty               | SP   |
| <i>bivalirudin intravenous solution 250<br/>mg/50 ml (5 mg/ml)</i>              | Tier 5 Specialty               | SP   |
| <b>Thrombin Inhibitors,Selective,Direct, &amp;<br/>Reversible</b>               |                                |  |
| <i>argatroban in 0.9 % sod chlor<br/>intravenous solution 1 mg/ml</i>           | Tier 5 Specialty               | SP   |
| <i>argatroban intravenous solution 100<br/>mg/ml</i>                            | Tier 5 Specialty               | SP   |
| <i>dabigatran etexilate oral capsule 110 (Pradaxa)<br/>mg, 150 mg, 75 mg</i>    | Tier 2 Generic                 | QL (2 EA per 1 day)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day) |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | Tier 4 Non-Preferred Brand | PA  |
| <b>Thrombopoietin Receptor Agonists</b>                                   |                            |   |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                              | Tier 5 Specialty           | PA; SP  |
| DOPTelet (10 TAB PACK) ORAL TABLET 20 MG                                  | Tier 5 Specialty           | PA; SP  |
| DOPTelet (15 TAB PACK) ORAL TABLET 20 MG                                  | Tier 5 Specialty           | PA; SP  |
| DOPTelet (30 TAB PACK) ORAL TABLET 20 MG                                  | Tier 5 Specialty           | PA; SP  |
| MULPLETA ORAL TABLET 3 MG   | Tier 5 Specialty           | PA; SP  |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG                  | Tier 5 Specialty           | PA; SP  |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG                             | Tier 5 Specialty           | PA; SP  |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG                         | Tier 5 Specialty           | PA; SP  |
| <b>Topical Hemostatics</b>  |                            |   |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G                                       | Tier 4 Non-Preferred Brand |   |
| AVITENE FLOUR TOPICAL POWDER  | Tier 4 Non-Preferred Brand |   |
| AVITENE TOPICAL POWDER IN PACKET  | Tier 4 Non-Preferred Brand |   |

| <b>Drug</b>  | <b>Status</b>              | <b>Notes</b>  |
|--|----------------------------|---|
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM   | Tier 4 Non-Preferred Brand |   |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM   | Tier 4 Non-Preferred Brand |   |
| EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "   | Tier 4 Non-Preferred Brand |   |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) | Tier 4 Non-Preferred Brand |   |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT  | Tier 4 Non-Preferred Brand |   |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT   | Tier 4 Non-Preferred Brand |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| GELFOAM MUCOUS MEMBRANE POWDER                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| GELFOAM SPONGE SIZE 100<br>TOPICAL SPONGE 100 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| <b>Drug</b>  | <b>Status</b>              | <b>Notes</b>  |
|--|----------------------------|---|
| GELFOAM SPONGE SIZE 12-7MM<br>TOPICAL SPONGE 12-7 MM             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| GELFOAM SPONGE SIZE 200<br>TOPICAL SPONGE 200                    | Tier 4 Non-Preferred Brand |   |
| GELFOAM SPONGE SIZE 50 TOPICAL<br>SPONGE 50                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| GELFOAM TOPICAL SPONGE 4   | Tier 4 Non-Preferred Brand |   |
| MONSEL'S TOPICAL SOLUTION WITH<br>APPLICATOR 0.2 TO 0.22 GRAM/ML | Tier 2 Generic             |   |
| RECOTHROM SPRAY KIT TOPICAL<br>RECON SOLN 20,000 UNIT            | Tier 4 Non-Preferred Brand |   |
| RECOTHROM TOPICAL RECON SOLN<br>20,000 UNIT, 5,000 UNIT          | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SURGIFOAM TOPICAL SPONGE 100 ,<br>100 CM, 12-7 MM, 50   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SYRINGE AVITENE TOPICAL POWDER  | Tier 4 Non-Preferred Brand |   |
| TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM  | Tier 4 Non-Preferred Brand |   |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT   | Tier 2 Generic             |   |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT   | Tier 2 Generic             |   |
| THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT  | Tier 2 Generic             |   |
| THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT  | Tier 2 Generic             |   |
| VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) | Tier 4 Non-Preferred Brand |   |
| <b>Vitamin K Preparations</b>   |                            |   |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)   | Tier 2 Generic             |   |
| <i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>  | Tier 2 Generic             |   |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>   | Tier 2 Generic             |   |
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))  | Tier 2 Generic             |   |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))  | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Hormonal Deficiency</b>  |                            |   |
| <b>Androgenic Agents</b>  |                            |   |
| ANDROGEL TRANSDERMAL GEL IN (testosterone)<br>METERED-DOSE PUMP 20.25 MG/1.25<br>GRAM (1.62 %)  | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ANDROGEL TRANSDERMAL GEL IN (testosterone)<br>PACKET 1 % (25 MG/2.5GRAM), 1 %<br>(50 MG/5 GRAM), 1.62 % (20.25<br>MG/1.25 GRAM), 1.62 % (40.5 MG/2.5<br>GRAM) | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AVEED INTRAMUSCULAR SOLUTION<br>750 MG/3 ML (250 MG/ML)   | Tier 4 Non-Preferred Brand | SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DEPO-TESTOSTERONE (testosterone cypionate)<br>INTRAMUSCULAR OIL 100 MG/ML                | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG  | Tier 4 Non-Preferred Brand | PA  |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG   | Tier 4 Non-Preferred Brand | PA  |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)   | Tier 4 Non-Preferred Brand | PA  |
| <i>methyltestosterone oral capsule 10 mg</i>   | Tier 2 Generic             | PA  |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION                       | Tier 4 Non-Preferred Brand | PA  |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)                                 | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | Tier 2 Generic             | PA  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>  | Tier 2 Generic             | PA  |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)  | Tier 2 Generic             | PA  |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>   | Tier 2 Generic             | PA  |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)  | Tier 2 Generic             | PA  |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)  | Tier 2 Generic             | PA  |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel) | Tier 2 Generic             | PA  |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>  | Tier 2 Generic             | PA  |
| TLANDO ORAL CAPSULE 112.5 MG   | Tier 4 Non-Preferred Brand | PA  |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)  | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VOGELXO TRANSDERMAL GEL IN (testosterone)<br>METERED-DOSE PUMP 12.5 MG/ 1.25<br>GRAM (1 %) | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| VOGELXO TRANSDERMAL GEL IN (testosterone)<br>PACKET 1 % (50 MG/5 GRAM)                     | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML               | Tier 4 Non-Preferred Brand | PA  |
| <b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>                              |                            |   |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG  | Tier 4 Non-Preferred Brand |   |
| <b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>                              |                            |   |
| DUAVEE ORAL TABLET 0.45-20 MG  | Tier 3 Preferred Brand     |   |

| Drug  |                                | Status                     | Notes   |
|---|--------------------------------|----------------------------|---|
| <b>Estrogen And Progestin Combinations</b>                    |                                |                            |   |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                |                                | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| BIJUVA ORAL CAPSULE 1-100 MG                                  |                                | Tier 3 Preferred Brand     | QL (30 EA per 30 days)  |
| <b>Estrogen/Androgen Combinations</b>                         |                                |                            |   |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG                        | (estrogens-methyltestosterone) | Tier 2 Generic             |   |
| COVARYX ORAL TABLET 1.25-2.5 MG                               | (estrogens-methyltestosterone) | Tier 2 Generic             |   |
| EEMT HS ORAL TABLET 0.625-1.25 MG                             | (estrogens-methyltestosterone) | Tier 2 Generic             |   |
| EEMT ORAL TABLET 1.25-2.5 MG                                  | (estrogens-methyltestosterone) | Tier 2 Generic             |   |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG                        | (estrogens-methyltestosterone) | Tier 2 Generic             |   |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> | (Covaryx H.S.)                 | Tier 2 Generic             |   |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>   | (Covaryx)                      | Tier 2 Generic             |   |
| <b>Estrogenic Agents</b>                                      |                                |                            |   |
| ACTIVELLA ORAL TABLET 1-0.5 MG                                | (estradiol-norethindrone acet) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR     |                                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CLIMARA TRANSDERMAL PATCH (estradiol)<br>WEEKLY 0.025 MG/24 HR, 0.0375<br>MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24<br>HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 7 days) |
| COMBIPATCH TRANSDERMAL PATCH<br>SEMIWEEKLY 0.05-0.14 MG/24 HR,<br>0.05-0.25 MG/24 HR  | Tier 3 Preferred Brand     | QL (2 EA per 7 days)  |
| DELESTROGEN INTRAMUSCULAR (estradiol valerate)<br>OIL 20 MG/ML, 40 MG/ML  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                       |
| DEPO-ESTRADIOL INTRAMUSCULAR (estradiol cypionate)<br>OIL 5 MG/ML   | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| DIVIGEL TRANSDERMAL GEL IN (estradiol)<br>PACKET 0.25 MG/0.25 GRAM (0.1 %),<br>0.5 MG/0.5 GRAM (0.1 %), 0.75<br>MG/0.75 GRAM (0.1%) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days) |
| DIVIGEL TRANSDERMAL GEL IN (estradiol)<br>PACKET 1 MG/GRAM (0.1 %)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days) |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 2 Generic             | QL (2 EA per 7 days)   |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)   | Tier 2 Generic             |   |
| estradiol transdermal gel in metered-dose pump 1.25 gram/actuation (EstroGel)  | Tier 2 Generic             | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days   |
| estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%) (Divigel)               | Tier 2 Generic             | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)   |
| estradiol transdermal gel in packet 1 mg/gram (0.1 %) (Divigel)  | Tier 2 Generic             | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)   |
| estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %) (Divigel)  | Tier 2 Generic             | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)   |
| estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)              | Tier 2 Generic             | QL (2 EA per 7 days)  |
| estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara) | Tier 2 Generic             | QL (1 EA per 7 days)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml (Delestrogen)   | Tier 2 Generic             |  |
| estradiol valerate intramuscular oil 40 mg/ml   | Tier 2 Generic             |  |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg   | Tier 2 Generic             |  |
| estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)  | Tier 2 Generic             |  |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)  |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)   | Tier 2 Generic             |  |
| JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)   | Tier 2 Generic             |  |
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 2 Generic             | QL (2 EA per 7 days)   |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG  | Tier 4 Non-Preferred Brand |  |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR  | Tier 4 Non-Preferred Brand | QL (1 EA per 7 days)   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)  | Tier 2 Generic             |   |
| MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 7 days) |
| <i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv)<br>0.5-2.5 mg-mcg, 1-5 mg-mcg                                       | Tier 2 Generic             |   |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG  | Tier 3 Preferred Brand     |   |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)   | Tier 3 Preferred Brand     |   |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)  | Tier 3 Preferred Brand     |   |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG   | Tier 3 Preferred Brand     |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VIVELLE-DOT TRANSDERMAL PATCH (estradiol)<br>SEMIWEEKLY 0.025 MG/24 HR, 0.0375<br>MG/24 HR, 0.05 MG/24 HR, 0.075<br>MG/24 HR, 0.1 MG/24 HR | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 7 days) |
| <b>Menopausal Symptoms Suppressant - Ssris</b>   |                            |   |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>  | Tier 2 Generic             | ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)   |
| <b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>   |                            |   |
| VEOZAH ORAL TABLET 45 MG   | Tier 4 Non-Preferred Brand |   |
| <b>Progestational Agents</b>   |                            |   |
| CRINONE VAGINAL GEL 4 %  | Tier 3 Preferred Brand     |   |
| GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)   | Tier 2 Generic             |   |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)   | Tier 2 Generic             |   |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)  | Tier 2 Generic             |   |
| <i>progesterone intramuscular oil 50 mg/ml</i>   | Tier 2 Generic             |   |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Immunization</b>  |                            |   |
| <b>Antisera</b>  |                            |   |
| ASCENIV INTRAVENOUS SOLUTION 10 %                                | Tier 5 Specialty           | PA; SP  |
| BIVIGAM INTRAVENOUS SOLUTION 10 %                                | Tier 5 Specialty           | PA; SP  |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %                            | Tier 5 Specialty           | PA; SP  |



| Drug  | Status                     | Notes  |
|---|----------------------------|--------|
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)                             | Tier 5 Specialty           | PA; SP |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML   | Tier 5 Specialty           | SP     |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %   | Tier 5 Specialty           | PA; SP |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE   | Tier 5 Specialty           | PA; SP |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %  | Tier 5 Specialty           | PA; SP |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM   | Tier 5 Specialty           | PA; SP |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)  | Tier 5 Specialty           | PA; SP |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %  | Tier 5 Specialty           | PA; SP |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %   | Tier 5 Specialty           | PA; SP |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 5 Specialty           | PA; SP |
| HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)  | Tier 4 Non-Preferred Brand | SP     |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)   | Tier 5 Specialty           | PA; SP |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)  | Tier 5 Specialty           | PA; SP |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)   | Tier 4 Non-Preferred Brand | SP     |
| HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML   | Tier 4 Non-Preferred Brand | SP     |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)  | Tier 4 Non-Preferred Brand | SP   |
| HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 5 Specialty           | PA; SP   |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)         | Tier 5 Specialty           | PA; SP   |
| NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML   | Tier 4 Non-Preferred Brand | SP   |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %  | Tier 5 Specialty           | PA; SP   |
| PANZYGA INTRAVENOUS SOLUTION 10 %   | Tier 5 Specialty           | PA; SP   |
| PRIVIGEN INTRAVENOUS SOLUTION 10 %  | Tier 5 Specialty           | PA; SP   |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)   | Tier 4 Non-Preferred Brand | SP   |
| RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML   | Tier 4 Non-Preferred Brand | SP   |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML  | Tier 4 Non-Preferred Brand | SP   |
| WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML           | Tier 5 Specialty           | SP   |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)  | Tier 5 Specialty           | PA; SP   |
| <b>Covid-19 Vaccines</b>  |                            |  |
| COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML  | Tier 1 EHB/ACA             | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| MODERNA COVID 24-25(6M-11Y)PF<br>INTRAMUSCULAR SYRINGE 25<br>MCG/0.25 ML                      | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| NOVAVAX COVID 2024-25(PF)(EUA)<br>INTRAMUSCULAR SYRINGE 5<br>MCG/0.5 ML                       | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PFIZER COVID 2024-25(5Y-11Y)PF<br>INTRAMUSCULAR SUSPENSION 10<br>MCG/0.3 ML                   | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PFIZER COVID 2024-25(6MO-4Y)PF<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 3 MCG/0.3 ML | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| SPIKEVAX 2024-2025(12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML                      | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <b>Enteric Virus Vaccines</b>   |                                |   |
| IPOLE INJECTION SUSPENSION 40-8-<br>32 UNIT/0.5 ML  | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML  | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ROTATEQ VACCINE ORAL SOLUTION<br>2 ML   | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>  |                                |   |
| VIVOTIF ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 2 BILLION UNIT                                 | Tier 4 Non-<br>Preferred Brand |   |
| <b>Gram Negative Cocci Vaccines</b>   |                                |   |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5 ML                                       | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| MENQUADFI (PF) INTRAMUSCULAR<br>SOLUTION 10 MCG/0.5 ML  | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5 MCG/0.5<br>ML                           | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |

| Drug  | Status         | Notes   |
|---|----------------|---|
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR SOLUTION 10-5<br>MCG/0.5 ML              | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PENBRAYA (PF) INTRAMUSCULAR<br>KIT 5-120 MCG/0.5 ML                                   | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                      | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <b>Gram Positive Cocci Vaccines</b>   |                |   |
| CAPVAXIVE INTRAMUSCULAR<br>SYRINGE 0.5 ML   | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PNEUMOVAX-23 INJECTION SYRINGE<br>25 MCG/0.5 ML                                       | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PREVNAR 20 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                       | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| VAXNEUVANCE (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML                                      | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <b>Influenza Virus Vaccines</b>   |                |   |
| AFLURIA TRIV 2024-2025 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML    | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| AFLURIA TRIV 2024-2025<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML      | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUAD TRIV 2024-25(65Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUARIX TRIV 2024-2025 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML    | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |

| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| FLUBLOK TRIV 2024-2025 (PF)<br>INTRAMUSCULAR SYRINGE 135 MCG<br>(45 MCG X 3)/0.5 ML                 | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUCELVAX TRIV 2024-2025 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUCELVAX TRIV 2024-2025<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML                  | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLULAVAL TRIV 2024-2025 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                 | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUMIST TRIVALENT 2024-2025<br>NASAL NASAL SPRAY SYRINGE<br>10EXP6.5-7.5 FF UNIT/0.2 ML             | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE HIGH-DOSE TRIV 24-25<br>INTRAMUSCULAR SYRINGE 180<br>MCG/0.5 ML                             | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE QUAD SOUTH<br>HEM2024(PF) INTRAMUSCULAR<br>SYRINGE 60 MCG (15 MCG X 4)/0.5<br>ML            | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE QUAD SOUTHERN HEM<br>2024 INTRAMUSCULAR SUSPENSION<br>60 MCG (15 MCG X 4)/0.5 ML            | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE TRIV 2024-2025 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                  | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE TRIV 2024-2025<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML                    | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <b>Toxin-Producing Bacilli<br/>Vaccines/Toxoids</b>   |                                |   |
| VAXCHORA ACTIVE COMPONENT<br>ORAL SUSPENSION FOR<br>RECONSTITUTION 4X10EXP8 TO 2X<br>10EXP9 CF UNIT | Tier 4 Non-<br>Preferred Brand |   |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR RECONSTITUTION<br>4X10EXP8 TO 2X 10EXP9 CF UNIT             | Tier 4 Non-<br>Preferred Brand |   |

| Drug   | Status         | Notes   |
|--|----------------|---|
| <b>Vaccine/Toxoid Preparations, Combinations</b>   |                |   |
| ACTHIB (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML  | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-<br>5-3-5 MCG)-5LF/0.5 ML    | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                                 | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION 15-<br>10-5 LF-MCG-LF/0.5ML         | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML   | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-58-10<br>LF-MCG-LF/0.5ML                      | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5 ML                                 | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500 TCID50/0.5<br>ML                         | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PEDVAX HIB (PF) INTRAMUSCULAR<br>SOLUTION 7.5 MCG/0.5 ML                                       | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PENTACEL (PF) INTRAMUSCULAR<br>KIT 15LF-20MCG-5LF- 62 DU/0.5 ML                                | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |

| Drug  | Status                             | Notes   |
|---|------------------------------------|---|
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10EXP3.4-4.2- 3.3CCID50/0.5ML | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10EXP3-4.3-3- 3.99 TCID50/0.5 | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| QUADRACEL (PF) INTRAMUSCULAR<br>SUSPENSION 15 LF-48 MCG- 5 LF<br>UNIT/0.5ML                 | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| QUADRACEL (PF) INTRAMUSCULAR<br>SYRINGE 15 LF-48 MCG- 5 LF<br>UNIT/0.5ML                    | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5 ML  | (tetanus-diphtheria<br>toxoids-td) | Tier 1 EHB/ACA<br>\$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML                      | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                                    | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| VAXELIS (PF) INTRAMUSCULAR<br>SUSPENSION 15 UNIT-5 UNIT- 10<br>MCG/0.5 ML                   | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| VAXELIS (PF) INTRAMUSCULAR<br>SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5<br>ML                      | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| <b>Viral/Tumorigenic Vaccines</b>   |                                    |   |
| ABRYSVO (PF) INTRAMUSCULAR<br>RECON SOLN 120 MCG/0.5 ML                                     | Tier 1 EHB/ACA                     | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE                   |
| <i>adenovirus vac live type-4, 7 oral<br/>tablet, delayed release (dr/ec)</i>               | Tier 4 Non-<br>Preferred Brand     |   |
| <i>adenovirus vaccine live type-4 oral<br/>tablet, delayed release (dr/ec)</i>              | Tier 4 Non-<br>Preferred Brand     |   |
| <i>adenovirus vaccine live type-7 oral<br/>tablet, delayed release (dr/ec)</i>              | Tier 4 Non-<br>Preferred Brand     |   |



| <b>Drug</b>  | <b>Status</b>  | <b>Notes</b>  |
|--|----------------|---|
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>120 MCG/0.5 ML         | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ENGRIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                  | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ENGRIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML                                     | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| ENGRIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                    | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SUSPENSION 0.5 ML                                   | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                      | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML, 720<br>ELISA UNIT/0.5 ML   | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| HEPLISAV-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/0.5 ML                               | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| MRESVIA (PF) INTRAMUSCULAR<br>SYRINGE 50 MCG/0.5 ML                                  | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PEDIARIX (PF) INTRAMUSCULAR<br>SYRINGE 10 MCG-25LF-25 MCG-<br>10LF/0.5 ML            | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| PREHEVBRIO (PF) INTRAMUSCULAR<br>SUSPENSION 10 MCG/ML                                | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION 10<br>MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | Tier 1 EHB/ACA | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |



| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML          | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| SHINGRIX (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>50 MCG/0.5 ML   | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT- 20 MCG/ML                 | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML, 50<br>UNIT/ML            | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML                  | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>1,350 UNIT/0.5 ML | Tier 1 EHB/ACA                 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <b>Immunosuppression/Modulation</b>   |                                |   |
| <b>Immunomodulators</b>   |                                |   |
| ACTIMMUNE SUBCUTANEOUS<br>SOLUTION 100 MCG/0.5 ML                               | Tier 5 Specialty               | PA; SP  |
| ALFERON N INJECTION SOLUTION 5<br>MILLION UNIT/ML                               | Tier 5 Specialty               | SP  |
| BESREMI SUBCUTANEOUS SYRINGE<br>500 MCG/ML                                      | Tier 5 Specialty               | PA; SP  |
| <i>imiquimod topical cream in packet 5 %</i>                                    | Tier 2 Generic                 | QL (2 EA per 1 day)   |
| KERIDA TOPICAL GEL 5-0.1-30 %   | Tier 4 Non-<br>Preferred Brand |   |
| PROLEUKIN INTRAVENOUS RECON<br>SOLN 22 MILLION UNIT                             | Tier 5 Specialty               | SP  |
| QUIDROXZAR TOPICAL GEL 5-0.1-30<br>%  | Tier 4 Non-<br>Preferred Brand |   |
| <b>Immunosupp - Monoclonal Ab<br/>Inhibiting T Lymph Fxn</b>                    |                                |   |
| NIKTIMVO INTRAVENOUS SOLUTION<br>50 MG/ML                                       | Tier 5 Specialty               | PA; SP  |
| SIMULECT INTRAVENOUS RECON<br>SOLN 10 MG, 20 MG                                 | Tier 5 Specialty               | SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Immunosuppressant-Interferon Gamma Inhibitor, Mab</b>                       |                            |   |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML  | Tier 5 Specialty           | PA; SP  |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)                          | Tier 5 Specialty           | PA; SP  |
| <b>Immunosuppressives</b>  |                            |   |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus) | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Tacrolimus within the past 120 days   |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML  | Tier 5 Specialty           | SP  |
| AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)                         | Tier 2 Generic             |   |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)                                 | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CELLCEPT INTRAVENOUS (mycophenolate mofetil<br>INTRAVENOUS RECON SOLN 500 MG (hcl)) | Tier 4 Non-Preferred Brand | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)                           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)                    | Tier 2 Generic             | SP  |
| cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)                    | Tier 2 Generic             |   |
| cyclosporine modified oral capsule 50 mg                                      | Tier 2 Generic             |   |
| cyclosporine modified oral solution 100 mg/ml (Gengraf)                       | Tier 2 Generic             |   |
| cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)                          | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ENVARUSUS XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 0.75 MG,<br>1 MG, 4 MG                   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Tacrolimus within the past 120 days   |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress) | Tier 2 Generic             |   |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                                  | Tier 2 Generic             |   |
| GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)                                     | Tier 2 Generic             |   |
| IMURAN ORAL TABLET 50 MG (azathioprine)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LUPKYNIS ORAL CAPSULE 7.9 MG  | Tier 5 Specialty           | PA; SP  |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)     | Tier 2 Generic             | SP  |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)                                 | Tier 2 Generic             |   |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)        | Tier 2 Generic             |   |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)                                  | Tier 2 Generic             |   |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)  | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML  | Tier 4 Non-Preferred Brand | PA  |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                           | Tier 3 Preferred Brand     |   |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)                              | Tier 3 Preferred Brand     |   |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG   | Tier 5 Specialty           | SP  |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML  | Tier 3 Preferred Brand     | SP  |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)                                | Tier 3 Preferred Brand     |   |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG  | Tier 3 Preferred Brand     |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML (cyclosporine)                             | Tier 4 Non-Preferred Brand | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                                   | Tier 3 Preferred Brand     |   |
| <i>sirolimus oral solution 1 mg/ml</i>   | Tier 2 Generic             |   |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>  | Tier 2 Generic             |   |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                            | Tier 2 Generic             |   |
| <i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL) | Tier 2 Generic             | ST: Requires prior prescription for generic Tacrolimus within the past 120 days   |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG   | Tier 5 Specialty           | SP  |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive))   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |

| Drug  |                                 | Status                     | Notes   |
|---|---------------------------------|----------------------------|---|
| <b>Rho Kinase Inhibitor</b>   |                                 |                            |   |
| REZUROCK ORAL TABLET 200 MG   |                                 | Tier 5 Specialty           | PA; SP  |
| <b>Infectious Disease - Bacterial</b>                               |                                 |                            |   |
| <b>Absorbable Sulfonamides</b>                                      |                                 |                            |   |
| BACTRIM DS ORAL TABLET 800-160 MG                                   | (sulfamethoxazole-trimethoprim) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| BACTRIM ORAL TABLET 400-80 MG                                       | (sulfamethoxazole-trimethoprim) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>sulfadiazine oral tablet 500 mg</i>                              |                                 | Tier 2 Generic             |   |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | (Sulfatrim)                     | Tier 2 Generic             |   |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>          | (Bactrim)                       | Tier 2 Generic             |   |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>         | (Bactrim DS)                    | Tier 2 Generic             |   |



| Drug   | Status           | Notes  |
|--|------------------|--------|
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)                 | Tier 2 Generic   |        |
| <b>Betalactams</b>   |                  |        |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                    | Tier 5 Specialty | PA; SP |
| <b>Cephalosporins - 1St Generation</b>   |                  |        |
| <i>cefadroxil oral capsule 500 mg</i>  | Tier 2 Generic   |        |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | Tier 2 Generic   |        |
| <i>cefadroxil oral tablet 1 gram</i>   | Tier 2 Generic   |        |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                    | Tier 2 Generic   |        |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>            | Tier 2 Generic   |        |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>   | Tier 2 Generic   |        |
| <b>Cephalosporins - 2Nd Generation</b>   |                  |        |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>  | Tier 2 Generic   |        |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 2 Generic   |        |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | Tier 2 Generic   |        |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | Tier 2 Generic   |        |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>  | Tier 2 Generic   |        |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | Tier 2 Generic   |        |
| <b>Cephalosporins - 3Rd Generation</b>   |                  |        |
| <i>cefdinir oral capsule 300 mg</i>  | Tier 2 Generic   |        |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 2 Generic   |        |
| <i>cefixime oral capsule 400 mg</i>  | Tier 2 Generic   |        |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>              | Tier 2 Generic   |        |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>            | Tier 2 Generic   |        |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>  | Tier 2 Generic   |        |

| Drug                                  | Status                     | Notes   |
|---------------------------------------|----------------------------|---|
| SPECTRACEF ORAL TABLET 400 MG         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SUPRAX ORAL CAPSULE 400 MG (cefixime) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML                               | Tier 3 Preferred Brand     |   |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG  | Tier 3 Preferred Brand     |   |
| <b>Chemotherapeutics, Antibacterial, Misc.</b>                                      |                            |   |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                   | Tier 2 Generic             |   |
| <i>methenamine hippurate oral tablet 1 gram</i>                                     | Tier 2 Generic             |   |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>                           | Tier 2 Generic             |   |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML   | Tier 3 Preferred Brand     |   |
| <i>trimethoprim oral tablet 100 mg</i>                                       | Tier 2 Generic             |   |
| URELLE ORAL TABLET 81-10.8-40.8 MG   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG                                    | Tier 3 Preferred Brand     |   |
| URO-458 ORAL TABLET 81-10.8-40.8 MG  | Tier 2 Generic             |   |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos) | Tier 2 Generic             |   |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG  | Tier 2 Generic             |   |

| Drug   |                                  | Status                     | Notes   |
|--|----------------------------------|----------------------------|---|
| URO-SP ORAL CAPSULE 118-10-40.8-36 MG                                      |                                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| URYL ORAL TABLET 81.6-40.8-0.12 MG   | (methen-sod phos-meth blue-hyos) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Macrolides</b>  |                                  |                            |   |
| azithromycin oral packet 1 gram  | (Zithromax)                      | Tier 2 Generic             |   |
| azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml   | (Zithromax)                      | Tier 2 Generic             |   |
| azithromycin oral tablet 250 mg, 500 mg                                    | (Zithromax)                      | Tier 2 Generic             |   |
| azithromycin oral tablet 600 mg  |                                  | Tier 2 Generic             |   |
| clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml |                                  | Tier 2 Generic             |   |
| clarithromycin oral tablet 250 mg, 500 mg                                  |                                  | Tier 2 Generic             |   |
| clarithromycin oral tablet extended release 24 hr 500 mg                   |                                  | Tier 2 Generic             |   |

| Drug   |                               | Status                     | Notes   |
|--|-------------------------------|----------------------------|---|
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML        |                               | Tier 3 Preferred Brand     | QL (10 ML per 1 day)  |
| DIFICID ORAL TABLET 200 MG                                 |                               | Tier 3 Preferred Brand     | QL (20 EA per 10 days)  |
| E.E.S. 400 ORAL TABLET 400 MG                              | (erythromycin ethylsuccinate) | Tier 2 Generic             |   |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML  | (erythromycin ethylsuccinate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG | (erythromycin)                | Tier 2 Generic             |   |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG         | (erythromycin)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG                | (erythromycin stearate)       | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | Tier 2 Generic             |   |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)      | Tier 2 Generic             |   |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)                                  | Tier 2 Generic             |   |
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>                                     | Tier 2 Generic             |   |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>  | Tier 2 Generic             |   |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)           | Tier 2 Generic             |   |
| ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)                                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ZITHROMAX TRI-PAK ORAL TABLET (azithromycin)<br>500 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZITHROMAX Z-PAK ORAL TABLET 250 (azithromycin)<br>MG   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Nitrofurantoin Derivatives</b>                             |                            |   |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)        | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd/m-cryst) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |

| Drug  |                               | Status                     | Notes   |
|---|-------------------------------|----------------------------|---|
| MACRODANTIN ORAL CAPSULE 100 MG, 50 MG                          | (nitrofurantoin macrocrystal) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>   |                               | Tier 2 Generic             |   |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>           |                               | Tier 2 Generic             | QL (4 EA per 1 day)   |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>       | (Macrobid)                    | Tier 2 Generic             |   |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                | (Furadantin)                  | Tier 2 Generic             | PA  |
| <b>Oxazolidinones</b>   |                               |                            |   |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | (Zyvox)                       | Tier 2 Generic             |   |
| <i>linezolid oral tablet 600 mg</i>                             | (Zyvox)                       | Tier 2 Generic             |   |
| SIVEXTRO ORAL TABLET 200 MG                                     |                               | Tier 3 Preferred Brand     | PA  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZYVOX ORAL TABLET 600 MG (linezolid)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Penicillins</b>   |                            |   |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | Tier 2 Generic             |   |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | Tier 2 Generic             |   |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | Tier 2 Generic             |   |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | Tier 2 Generic             |   |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>   | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)        | Tier 2 Generic             |   |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | Tier 2 Generic             |   |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>                                     | Tier 2 Generic             |   |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)                                     | Tier 2 Generic             |   |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)        | Tier 2 Generic             |   |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                           | Tier 2 Generic             |   |
| <i>ampicillin oral capsule 500 mg</i>   | Tier 2 Generic             |   |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  |                               | Status                     | Notes   |
|---|-------------------------------|----------------------------|---|
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML | (amoxicillin-pot clavulanate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AUGMENTIN ORAL TABLET 500-125 MG                              | (amoxicillin-pot clavulanate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                                  | Status                         | Notes   |
|--|----------------------------------|--------------------------------|---|
| AUGMENTIN XR ORAL TABLET<br>EXTENDED RELEASE 12 HR 1,000-<br>62.5 MG       | (amoxicillin-pot<br>clavulanate) | Tier 4 Non-<br>Preferred Brand | A prescription written<br>indicating DAW 1 or DAW 2<br>will not override the<br>subscribers benefit<br>coverage. The subscriber<br>may have a higher out of<br>pocket cost when a<br>Generic Drug is available<br>and the Brand Drug is<br>authorized by their doctor<br>or requested by the<br>subscriber. In these cases,<br>the subscriber will pay the<br>price difference between<br>the Brand Drug and<br>Generic Drug prices in<br>addition to the applicable<br>Copayment or Coinsurance<br>amount. |
| <i>dicloxacillin oral capsule 250 mg, 500<br/>mg</i>                       |                                  | Tier 2 Generic                 |   |
| MOXATAG ORAL TABLET, ER<br>MULTIPHASE 24 HR 775 MG                         | (amoxicillin)                    | Tier 4 Non-<br>Preferred Brand |   |
| <i>penicillin v potassium oral recon soln<br/>125 mg/5 ml, 250 mg/5 ml</i> |                                  | Tier 2 Generic                 |   |
| <i>penicillin v potassium oral tablet 250 mg,<br/>500 mg</i>               |                                  | Tier 2 Generic                 |   |
| PIVYA ORAL TABLET 185 MG   |                                  | Tier 4 Non-<br>Preferred Brand | PA  |
| <b>Pleuromutilin Derivatives</b>   |                                  |                                |   |
| XENLETA ORAL TABLET 600 MG   |                                  | Tier 4 Non-<br>Preferred Brand | PA  |
| <b>Quinolones</b>  |                                  |                                |   |
| BAXDELA ORAL TABLET 450 MG   |                                  | Tier 4 Non-<br>Preferred Brand | PA  |
| CIPRO ORAL<br>SUSPENSION,MICROCAPSULE<br>RECON 250 MG/5 ML, 500 MG/5 ML    | (ciprofloxacin)                  | Tier 3 Preferred<br>Brand      |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                       | Tier 2 Generic             |   |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                               | Tier 2 Generic             |   |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro) | Tier 2 Generic             |   |
| <i>levofloxacin oral solution 250 mg/10 ml</i>  | Tier 2 Generic             |   |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                    | Tier 2 Generic             |   |
| <i>moxifloxacin oral tablet 400 mg</i>  | Tier 2 Generic             |   |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>   | Tier 2 Generic             |   |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Tetracyclines</b>                               |                            |  |
| ACTICLATE ORAL TABLET 150 MG (doxycycline hyclate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day) |
| ACTICLATE ORAL TABLET 75 MG (doxycycline hyclate)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| AVIDOXY ORAL TABLET 100 MG (doxycycline monohydrate)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                    | Tier 2 Generic             |  |
| <i>doxycycline hyclate oral capsule 100 mg</i>                      | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)            | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>doxycycline hyclate oral tablet 100 mg</i>                       | Tier 2 Generic             |  |
| <i>doxycycline hyclate oral tablet 150 mg</i>                       | Tier 2 Generic             | ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)  |
| <i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)             | Tier 2 Generic             | ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)  |
| <i>doxycycline hyclate oral tablet 75 mg</i>                        | Tier 2 Generic             | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)   |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL) | Tier 2 Generic             |  |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                  | Tier 2 Generic             | QL (2 EA per 1 day)  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <i>doxycycline monohydrate oral capsule 50 mg</i>                                 | Tier 2 Generic             |  |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxylene NL)                | Tier 2 Generic             | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)           |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i> (Oracea) | Tier 2 Generic             | ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years) |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>      | Tier 2 Generic             |  |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                       | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                                 | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>                           | Tier 2 Generic             |  |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG                                  | Tier 4 Non-Preferred Brand | PA   |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                              | Tier 2 Generic             |  |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                               | Tier 2 Generic             |  |
| MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)                        | Tier 2 Generic             |  |
| MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)                         | Tier 2 Generic             | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)           |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MONODOX ORAL CAPSULE 100 MG, (doxycycline monohydrate)<br>50 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |
| MONODOX ORAL CAPSULE 75 MG (doxycycline monohydrate)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)                          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)  |
| NUZYRA ORAL TABLET 150 MG  | Tier 4 Non-Preferred Brand | PA  |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>   | Tier 2 Generic             |  |
| <b>Infectious Disease - Fungal</b>                |                            |  |
| <b>Antifungal Agents</b>                          |                            |  |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| <i>clotrimazole mucous membrane troche 10 mg</i>  | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                     | Tier 4 Non-Preferred Brand | PA  |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG (fluconazole)                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i>            | Tier 2 Generic             |   |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan) | Tier 2 Generic             |   |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)                  | Tier 2 Generic             |   |
| <i>fluconazole oral tablet 150 mg, 50 mg</i>                              | Tier 2 Generic             |   |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                  | Tier 2 Generic             |   |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                        | Tier 2 Generic             |   |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox)                     | Tier 2 Generic             |   |

| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| <i>ketoconazole oral tablet 200 mg</i>  | Tier 2 Generic                 |   |
| NOXAFIL ORAL SUSP,DELAYED<br>RELEASE FOR RECON 300 MG                         | Tier 4 Non-<br>Preferred Brand | PA  |
| NOXAFIL ORAL SUSPENSION 200<br>MG/5 ML (40 MG/ML) (posaconazole)              | Tier 4 Non-<br>Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NOXAFIL ORAL TABLET,DELAYED<br>RELEASE (DR/EC) 100 MG (posaconazole)          | Tier 4 Non-<br>Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ORAVIG BUCCAL MUCO-ADHESIVE<br>BUCCAL TABLET 50 MG                            | Tier 4 Non-<br>Preferred Brand |   |
| <i>posaconazole oral suspension 200 mg/5<br/>ml (40 mg/ml)</i> (Noxafil)      | Tier 2 Generic                 | PA  |
| <i>posaconazole oral tablet, delayed release<br/>(dr/ec) 100 mg</i> (Noxafil) | Tier 2 Generic                 | PA  |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SPORANOX ORAL CAPSULE 100 MG (itraconazole)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>terbinafine hcl oral tablet 250 mg</i>      | Tier 2 Generic             |   |

| Drug  |                | Status                     | Notes   |
|---|----------------|----------------------------|---|
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)               | (voriconazole) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| VFEND ORAL TABLET 50 MG   | (voriconazole) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| VIVJOA ORAL CAPSULE 150 MG  |                | Tier 4 Non-Preferred Brand | PA  |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | (Vfend)        | Tier 2 Generic             |   |
| <i>voriconazole oral tablet 200 mg</i>  |                | Tier 2 Generic             |   |
| <i>voriconazole oral tablet 50 mg</i>   | (Vfend)        | Tier 2 Generic             |   |
| <b>Antifungal Antibiotics</b>   |                |                            |   |
| BREXAFEMME ORAL TABLET 150 MG   |                | Tier 4 Non-Preferred Brand | PA  |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                     |                | Tier 2 Generic             |   |
| <i>griseofulvin microsize oral tablet 500 mg</i>                              |                | Tier 2 Generic             |   |

| Drug  | Status           | Notes   |
|---|------------------|---|
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                               | Tier 2 Generic   |   |
| <i>nystatin oral suspension 100,000 unit/ml</i>   | Tier 2 Generic   |   |
| <i>nystatin oral tablet 500,000 unit</i>  | Tier 2 Generic   |   |
| <b>Infectious Disease - Miscellaneous</b>   |                  |   |
| <b>Aminoglycosides</b>  |                  |   |
| BETHKIS INHALATION SOLUTION (tobramycin)<br>FOR NEBULIZATION 300 MG/4 ML                    | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KITABIS PAK INHALATION SOLUTION (tobramycin with nebulizer)<br>FOR NEBULIZATION 300 MG/5 ML | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>neomycin oral tablet 500 mg</i>  | Tier 2 Generic   |   |

| Drug   |                              | Status                     | Notes   |
|--|------------------------------|----------------------------|---|
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML                              | (tobramycin in 0.225 % nacl) | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                        |                              | Tier 5 Specialty           | PA; SP  |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | (Tobi)                       | Tier 5 Specialty           | PA; SP  |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                 | (Bethkis)                    | Tier 5 Specialty           | PA; SP  |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>  | (Kitabis Pak)                | Tier 5 Specialty           | PA; SP  |
| <b>Antibacterial Agents,Miscellaneous</b>  |                              |                            |   |
| GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %   | (glycine urologic solution)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.         |
| <i>glycine urologic solution irrigation solution 1.5 %</i>                         | (Glycine Urologic)           | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Antileprotics</b>   |                            |   |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                         | Tier 2 Generic             |   |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                              | Tier 5 Specialty           | PA; SP  |
| <b>Anti-Mycobacterium Agents</b>                                 |                            |   |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                     | Tier 2 Generic             |   |
| <i>isoniazid oral solution 50 mg/5 ml</i>                        | Tier 2 Generic             |   |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                      | Tier 2 Generic             |   |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                 | Tier 4 Non-Preferred Brand |   |
| <i>pyrazinamide oral tablet 500 mg</i>                           | Tier 2 Generic             |   |
| <i>rifabutin oral capsule 150 mg</i>                             | Tier 2 Generic             |   |
| TRECTOR ORAL TABLET 250 MG                                       | Tier 4 Non-Preferred Brand |   |
| <b>Antitubercular Antibiotics</b>                                |                            |   |
| <i>cycloserine oral capsule 250 mg</i>                           | Tier 2 Generic             |   |
| <i>pretomanid oral tablet 200 mg</i>                             | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)   |
| PRIFTIN ORAL TABLET 150 MG                                       | Tier 4 Non-Preferred Brand |   |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                      | Tier 2 Generic             |   |
| <b>Lincosamides</b>  |                            |   |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)             | Tier 2 Generic             |   |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric) | Tier 2 Generic             |   |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)        | Tier 2 Generic             |   |
| <b>Rifamycins And Related Derivative Antibiotics</b>                                |                            |   |
| XIFAXAN ORAL TABLET 200 MG  | Tier 4 Non-Preferred Brand | PA  |
| XIFAXAN ORAL TABLET 550 MG  | Tier 3 Preferred Brand     | PA  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Vancomycin And Derivatives</b>                |                            |   |
| FIRVANQ ORAL RECON SOLN 25 (vancomycin)<br>MG/ML | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (300 ML per 1 FILL) |
| FIRVANQ ORAL RECON SOLN 50 (vancomycin)<br>MG/ML | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (600 ML per 1 FILL) |

| Drug                                       |            | Status                     | Notes   |
|--|------------|----------------------------|---|
| VANCOCIN ORAL CAPSULE 125 MG (vancomycin)  |            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (56 EA per 1 FILL)  |
| VANCOCIN ORAL CAPSULE 250 MG (vancomycin)  |            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (112 EA per 1 FILL) |
| <i>vancomycin oral capsule 125 mg</i>      | (Vancocin) | Tier 2 Generic             | QL (56 EA per 1 FILL)   |
| <i>vancomycin oral capsule 250 mg</i>      | (Vancocin) | Tier 2 Generic             | QL (112 EA per 1 FILL)  |
| <i>vancomycin oral recon soln 25 mg/ml</i> | (Firvanq)  | Tier 2 Generic             | QL (300 ML per 1 FILL)  |
| <i>vancomycin oral recon soln 50 mg/ml</i> | (Firvanq)  | Tier 2 Generic             | QL (600 ML per 1 FILL)  |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Infectious Disease - Parasitic</b>                 |                            |   |
| <b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b> |                            |   |
| SOLOSEC ORAL GRANULES DEL<br>RELEASE IN PACKET 2 GRAM | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)   |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>          | Tier 2 Generic             |   |
| <b>Amebacides</b>                                     |                            |   |
| <i>paromomycin oral capsule 250 mg</i> (Humatin)      | Tier 2 Generic             |   |
| <b>Anaerobic Antiprotozoal-Antibacterial Agents</b>   |                            |   |
| FLAGYL ORAL CAPSULE 375 MG (metronidazole)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML                    | Tier 4 Non-Preferred Brand | PA  |
| <i>metronidazole oral capsule 375 mg</i> (Flagyl)     | Tier 2 Generic             |   |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>       | Tier 2 Generic             |   |
| <b>Anthelmintics</b>                                  |                            |   |
| <i>albendazole oral tablet 200 mg</i>                 | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| BILTRICIDE ORAL TABLET 600 MG (praziquantel)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| EGATEN ORAL TABLET 250 MG                                     | Tier 4 Non-Preferred Brand |   |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)              | Tier 3 Preferred Brand     | PA  |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)               | Tier 2 Generic             |   |
| <i>ivermectin oral tablet 6 mg</i>                            | Tier 2 Generic             |   |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)           | Tier 2 Generic             |   |
| STROMECTOL ORAL TABLET 3 MG (ivermectin)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antimalarial Drugs</b>                                     |                            |   |
| ARAKODA ORAL TABLET 100 MG                                    | Tier 4 Non-Preferred Brand |   |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | Tier 2 Generic             |   |
| <i>chloroquine phosphate oral tablet 250 mg</i>                         | Tier 2 Generic             | QL (36 EA per 16 days)  |
| <i>chloroquine phosphate oral tablet 500 mg</i>                         | Tier 2 Generic             | QL (18 EA per 16 days)  |
| COARTEM ORAL TABLET 20-120 MG   | Tier 4 Non-Preferred Brand |   |
| <i>hydroxychloroquine oral tablet 100 mg</i>                            | Tier 2 Generic             | QL (180 EA per 30 days)   |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)                   | Tier 2 Generic             | QL (100 EA per 30 days)   |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)                   | Tier 2 Generic             | QL (60 EA per 30 days)  |
| <i>hydroxychloroquine oral tablet 400 mg</i>                            | Tier 2 Generic             | QL (60 EA per 30 days)  |
| KRINTAFEL ORAL TABLET 150 MG  | Tier 3 Preferred Brand     | QL (2 EA per 1 FILL)  |
| MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| MALARONE PEDIATRIC ORAL (atovaquone-proguanil)<br>TABLET 62.5-25 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                          |
| <i>mefloquine oral tablet 250 mg</i>                                | Tier 2 Generic             |  |
| PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (100 EA per 30 days) |
| <i>primaquine oral tablet 26.3 mg (15 mg base)</i>                  | Tier 3 Preferred Brand     |  |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)                   | Tier 5 Specialty           | PA; SP   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | Tier 2 Generic             |  |
| SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)         | Tier 3 Preferred Brand     | QL (100 EA per 30 days)  |
| <b>Antiparasitics</b>                                  |                            |  |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML  | Tier 4 Non-Preferred Brand | QL (50 ML per 1 day)   |
| ALINIA ORAL TABLET 500 MG (nitazoxanide)               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)        | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <b>Antiprotozoal Drugs,Miscellaneous</b>               |                            |  |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | Tier 2 Generic             |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>            | Tier 2 Generic             |   |
| IMPAVIDO ORAL CAPSULE 50 MG                                | Tier 3 Preferred Brand     | PA  |
| LAMPIT ORAL TABLET 120 MG, 30 MG                           | Tier 4 Non-Preferred Brand |   |
| MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | Tier 2 Generic             |   |

| Drug  | Status                 | Notes  |
|---|------------------------|--|
| <b>Infectious Disease - Viral</b>   |                        |  |
| <b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab</b>                     |                        |  |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)                    | Tier 3 Preferred Brand | PA; SP   |
| <b>Antiretroviral - Capsid Inhibitors</b>                                   |                        |  |
| SUNLENCA ORAL TABLET 300 MG   | Tier 3 Preferred Brand | PA; SP   |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                                    | Tier 3 Preferred Brand | PA; SP   |
| <b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>                   |                        |  |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML | Tier 3 Preferred Brand | SP; QL (4 ML per 30 days); Age (Min 12 Years)  |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML | Tier 3 Preferred Brand | SP; QL (6 ML per 30 days); Age (Min 12 Years)  |
| JULUCA ORAL TABLET 50-25 MG   | Tier 3 Preferred Brand | QL (1 EA per 1 day)  |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>                    |                        |  |
| DOVATO ORAL TABLET 50-300 MG  | Tier 3 Preferred Brand | QL (1 EA per 1 day)  |
| <b>Antiretroviral- Nucleoside,Nucleotide,Protease Inh.</b>                  |                        |  |
| SYM TUZA ORAL TABLET 800-150-200-10 MG                                      | Tier 3 Preferred Brand | QL (1 EA per 1 day)  |
| <b>Antiviral - Main Protease (Mpro) Inhibitor</b>                           |                        |  |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)                    | Tier 3 Preferred Brand | QL (20 EA per 28 days); Age (Min 12 Years)   |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG                  | Tier 3 Preferred Brand | QL (30 EA per 28 days); Age (Min 12 Years)   |
| <b>Antiviral Monoclonal Antibodies</b>                                      |                        |  |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML                                   | Tier 1 EHB/ACA         | PA; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER   |
| BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML                                | Tier 1 EHB/ACA         | PA; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML                           | Tier 5 Specialty           | PA; SP  |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML                  | Tier 5 Specialty           | PA; SP  |
| <b>Antiviral Nucleotide Analogs</b>                                     |                            |   |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                                      | Tier 2 Generic             | QL (40 EA per 29 days); Age (Min 18 Years)  |
| <b>Antivirals, General</b>  |                            |   |
| <i>acyclovir oral capsule 200 mg</i>                                    | Tier 2 Generic             |   |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                  | Tier 2 Generic             |   |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                             | Tier 2 Generic             |   |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                   | Tier 2 Generic             |   |
| FLUMADINE ORAL TABLET 100 MG (rimantadine)                              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LIVTENCITY ORAL TABLET 200 MG   | Tier 5 Specialty           | PA; SP  |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                         | Tier 2 Generic             | QL (40 EA per 180 days)   |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)                  | Tier 2 Generic             | QL (20 EA per 180 days)   |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | Tier 2 Generic             | QL (360 ML per 180 days)  |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG                           | Tier 4 Non-Preferred Brand | PA  |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | Tier 4 Non-Preferred Brand | PA  |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | Tier 4 Non-Preferred Brand | QL (40 EA per 180 days)   |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole)                | Tier 2 Generic             |   |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | Tier 2 Generic             |   |



| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 EA per 180 days) |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 EA per 180 days) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (360 ML per 180 days) |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                 | Tier 3 Preferred Brand     |   |
| TEMBEXA ORAL TABLET 100 MG                                       | Tier 3 Preferred Brand     |   |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG                   | Tier 3 Preferred Brand     |   |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)         | Tier 2 Generic             |   |
| VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                           |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VALCYTE ORAL TABLET 450 MG (valganciclovir)              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte) | Tier 2 Generic             |   |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)       | Tier 2 Generic             |   |
| VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VIRAZOLE INHALATION RECON SOLN (ribavirin)<br>6 GRAM     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| XOFLUZA ORAL TABLET 20 MG, 40 MG                         | Tier 3 Preferred Brand     | QL (4 EA per 180 days)  |
| XOFLUZA ORAL TABLET 80 MG                                | Tier 3 Preferred Brand     | QL (2 EA per 180 days)  |
| ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b> |                            |   |
| APTIVUS ORAL CAPSULE 250 MG                              | Tier 3 Preferred Brand     | QL (4 EA per 1 day)   |
| <i>darunavir oral tablet 600 mg</i> (Prezista)           | Tier 2 Generic             | QL (2 EA per 1 day)   |
| <i>darunavir oral tablet 800 mg</i> (Prezista)           | Tier 2 Generic             | QL (1 EA per 1 day)   |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                      | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| PREZISTA ORAL SUSPENSION 100 MG/ML                        | Tier 3 Preferred Brand     | QL (400 ML per 30 days)  |
| PREZISTA ORAL TABLET 150 MG                               | Tier 3 Preferred Brand     | QL (8 EA per 1 day)  |
| PREZISTA ORAL TABLET 600 MG (darunavir)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| PREZISTA ORAL TABLET 75 MG                                | Tier 3 Preferred Brand     | QL (16 EA per 1 day)   |
| PREZISTA ORAL TABLET 800 MG (darunavir)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b> |                            |  |
| CIMDUO ORAL TABLET 300-300 MG                             | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| DESCOVY ORAL TABLET 120-15 MG  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| DESCOVY ORAL TABLET 200-25 MG  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)  |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)      | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)                              | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)  |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>  |                            |  |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>  | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>  | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>   |                            |  |
| <i>maraviroc oral tablet 150 mg</i> (Selzentry)  | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>maraviroc oral tablet 300 mg</i> (Selzentry)  | Tier 2 Generic             | QL (4 EA per 1 day)  |
| SELZENTRY ORAL SOLUTION 20 MG/ML   | Tier 3 Preferred Brand     | QL (31 ML per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| SELZENTRY ORAL TABLET 150 MG (maraviroc)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| SELZENTRY ORAL TABLET 300 MG (maraviroc)                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| <b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b> |                            |  |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG         | Tier 3 Preferred Brand     | PA   |
| <b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>        |                            |  |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                      | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b> |                            |  |
| EDURANT ORAL TABLET 25 MG                            | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>          | Tier 2 Generic             |  |
| <i>efavirenz oral tablet 600 mg</i>                  | Tier 2 Generic             |  |
| <i>etravirine oral tablet 100 mg</i> (Intelence)     | Tier 2 Generic             | QL (4 EA per 1 day)  |
| <i>etravirine oral tablet 200 mg</i> (Intelence)     | Tier 2 Generic             | QL (2 EA per 1 day)  |
| INTELENCE ORAL TABLET 100 MG (etravirine)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| INTELENCE ORAL TABLET 200 MG (etravirine)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| INTELENCE ORAL TABLET 25 MG                          | Tier 3 Preferred Brand     | QL (4 EA per 1 day)  |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>nevirapine oral suspension 50 mg/5 ml</i>   | Tier 2 Generic             | QL (1200 ML per 30 days)   |
| <i>nevirapine oral tablet 200 mg</i>   | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>  | Tier 2 Generic             | QL (3 EA per 1 day)  |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>  | Tier 2 Generic             | QL (1 EA per 1 day)  |
| PIFELTRO ORAL TABLET 100 MG  | Tier 4 Non-Preferred Brand | QL (2 EA per 1 day)  |
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | Tier 2 Generic             | SP   |
| <b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>  |                            |  |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)  | Tier 2 Generic             | QL (960 ML per 30 days)  |
| <i>abacavir oral tablet 300 mg</i>   | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)  |
| EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML   | Tier 3 Preferred Brand     | QL (850 ML per 30 days)  |

| Drug                                       | Status                     | Notes  |
|--|----------------------------|--|
| EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (960 ML per 30 days) |
| EPIVIR ORAL TABLET 150 MG (lamivudine)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)     |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| EPIVIR ORAL TABLET 300 MG (lamivudine)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | Tier 2 Generic             | QL (960 ML per 30 days)  |
| <i>lamivudine oral tablet 150 mg</i> (Epivir)     | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>lamivudine oral tablet 300 mg</i> (Epivir)     | Tier 2 Generic             | QL (1 EA per 1 day)  |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML            | Tier 3 Preferred Brand     | SP   |
| RETROVIR ORAL CAPSULE 100 MG (zidovudine)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1920 ML per 30 days) |
| <i>stavudine oral capsule 15 mg, 20 mg</i>       | Tier 2 Generic             | QL (2 EA per 1 day)   |
| ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (960 ML per 30 days)  |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | Tier 2 Generic             | QL (6 EA per 1 day)   |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | Tier 2 Generic             | QL (1920 ML per 30 days)  |
| <i>zidovudine oral tablet 300 mg</i>             | Tier 2 Generic             | QL (2 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>             |                            |  |
| <i>tenofovir disoproxil fumarate oral tablet</i> (Viread)<br>300 mg | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)  |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                         | Tier 3 Preferred Brand     | QL (240 GM per 30 days)  |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                           | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| VIREAD ORAL TABLET 300 MG (tenofovir disoproxil fumarate)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>    |                            |  |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (480 ML per 30 days) |
| KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 EA per 1 day)    |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | Tier 2 Generic             | QL (10 EA per 1 day)   |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | Tier 2 Generic             | QL (4 EA per 1 day)  |
| <b>Antivirals, Hiv-Specific, Protease Inhibitors</b>       |                            |  |
| <i>atazanavir oral capsule 150 mg</i>                      | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>atazanavir oral capsule 200 mg</i> (Reyataz)            | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>atazanavir oral capsule 300 mg</i> (Reyataz)            | Tier 2 Generic             | QL (1 EA per 1 day)  |
| EVOTAZ ORAL TABLET 300-150 MG                              | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| <i>fosamprenavir oral tablet 700 mg</i>                    | Tier 2 Generic             | QL (4 EA per 1 day)  |
| NORVIR ORAL CAPSULE 100 MG                                 | Tier 3 Preferred Brand     | QL (12 EA per 1 day)   |
| NORVIR ORAL POWDER IN PACKET 100 MG                        | Tier 3 Preferred Brand     | QL (12 EA per 1 day)   |

| Drug  | Status                            | Notes  |
|---|-----------------------------------|--|
| <p>NORVIR ORAL TABLET 100 MG (ritonavir)</p>    | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (12 EA per 1 day)</p> |
| <p>REYATAZ ORAL CAPSULE 200 MG (atazanavir)</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)</p>  |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| REYATAZ ORAL CAPSULE 300 MG (atazanavir)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| REYATAZ ORAL POWDER IN PACKET 50 MG  | Tier 3 Preferred Brand     | QL (5 EA per 1 day)  |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)   | Tier 2 Generic             | QL (12 EA per 1 day)   |
| VIRACEPT ORAL TABLET 250 MG, 625 MG  | Tier 3 Preferred Brand     |  |
| <b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>  |                            |  |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)        | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)   |
| <i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>            | Tier 2 Generic             | SP; Age (Min 12 Years)   |
| <i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)   |
| ISENTRESS HD ORAL TABLET 600 MG  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| ISENTRESS ORAL POWDER IN PACKET 100 MG   | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |

| Drug   |                                  | Status                     | Notes  |
|--|----------------------------------|----------------------------|--|
| ISENTRESS ORAL TABLET 400 MG                                     |                                  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                     |                                  | Tier 3 Preferred Brand     | QL (6 EA per 1 day)  |
| TIVICAY ORAL TABLET 50 MG  |                                  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                       |                                  | Tier 3 Preferred Brand     | QL (6 EA per 1 day)  |
| <b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>    |                                  |                            |  |
| ATRIPLA ORAL TABLET 600-200-300 MG                               | (efavirenz-emtricitabin-tenofov) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| COMPLERA ORAL TABLET 200-25-300 MG                               |                                  | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)  |
| DELSTRIGO ORAL TABLET 100-300-300 MG                             |                                  | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)  |
| <i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> |                                  | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> | (Symfi Lo)                       | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> | (Symfi)                          | Tier 2 Generic             | QL (1 EA per 1 day)  |
| ODEFSEY ORAL TABLET 200-25-25 MG                                 |                                  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |

| Drug   |  | Status                     | Notes   |
|--|--|----------------------------|---|
| SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivu-tenofovir disoproxil fumarate) |  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscriber's benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofovir disoproxil fumarate)    |  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscriber's benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>                                     |  |                            |   |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                      |  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| GENVOYA ORAL TABLET 150-150-200-10 MG  |  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| STRIBILD ORAL TABLET 150-150-200-300 MG  |  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |

| Drug  | Status                 | Notes                       |
|---|------------------------|-----------------------------|
| <b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>               |                        |                             |
| TRIUMEQ ORAL TABLET 600-50-300 MG                             | Tier 3 Preferred Brand | QL (1 EA per 1 day)         |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG              | Tier 3 Preferred Brand | QL (6 EA per 1 day)         |
| <b>Cytochrome P450 Inhibitors</b>                             |                        |                             |
| TYBOST ORAL TABLET 150 MG                                     | Tier 3 Preferred Brand | QL (1 EA per 1 day)         |
| <b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>      |                        |                             |
| VOSEVI ORAL TABLET 400-100-100 MG                             | Tier 5 Specialty       | PA; SP                      |
| <b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b> |                        |                             |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG         | Tier 5 Specialty       | PA; SP                      |
| EPCLUSA ORAL TABLET 200-50 MG                                 | Tier 5 Specialty       | PA; SP                      |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)       | Tier 5 Specialty       | PA; SP                      |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG        | Tier 5 Specialty       | PA; SP                      |
| HARVONI ORAL TABLET 45-200 MG                                 | Tier 5 Specialty       | PA; SP                      |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)         | Tier 5 Specialty       | PA; SP                      |
| <b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>      |                        |                             |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG                 | Tier 5 Specialty       | PA; SP                      |
| SOVALDI ORAL TABLET 200 MG, 400 MG                            | Tier 5 Specialty       | PA; SP                      |
| <b>Hepatitis B Treatment Agents</b>                           |                        |                             |
| adefovir oral tablet 10 mg (Hepsera)                          | Tier 5 Specialty       | SP; QL (1 EA per 1 day)     |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                            | Tier 5 Specialty       | SP; QL (630 ML per 30 days) |

| Drug  | Status           | Notes  |
|---|------------------|--|
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)        | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | Tier 5 Specialty | SP; QL (1 EA per 1 day)  |
| HEPSERA ORAL TABLET 10 MG (adefovir)                  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>lamivudine oral tablet 100 mg</i>                  | Tier 2 Generic   | QL (1 EA per 1 day)  |
| VEMLIDY ORAL TABLET 25 MG                             | Tier 5 Specialty | SP; QL (1 EA per 1 day)  |
| <b>Hepatitis C Treatment Agents</b>                   |                  |  |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML              | Tier 5 Specialty | PA; SP   |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML           | Tier 5 Specialty | PA; SP   |
| <i>ribavirin oral capsule 200 mg</i>                  | Tier 2 Generic   |  |
| <i>ribavirin oral tablet 200 mg</i>                   | Tier 2 Generic   |  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>   |                            |   |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG  | Tier 5 Specialty           | PA; SP  |
| MAVYRET ORAL TABLET 100-40 MG  | Tier 5 Specialty           | PA; SP  |
| ZEPATIER ORAL TABLET 50-100 MG   | Tier 5 Specialty           | PA; SP  |
| <b>Inflammatory Disease</b>  |                            |   |
| <b>Anti-Arthritic And Chelating Agents</b>   |                            |   |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)  | Tier 5 Specialty           | PA; SP  |
| DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)   | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| D-PENAMINE ORAL TABLET 125 MG  | Tier 5 Specialty           | PA; SP  |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)   | Tier 5 Specialty           | PA; SP  |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)  | Tier 5 Specialty           | PA; SP  |
| <b>Anti-Arthritic, Folate Antagonist Agents</b>  |                            |   |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | Tier 3 Preferred Brand     | QL (1.6 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 15 MG/0.3 ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 17.5 MG/0.35 ML                                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 20 MG/0.4 ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 22.5 MG/0.45 ML                                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 25 MG/0.5 ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/0.6 ML   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 7.5 MG/0.15 ML                                       | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days) |
| <b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>  |                            |   |
| ARCALYST SUBCUTANEOUS RECON<br>SOLN 220 MG   | Tier 5 Specialty           | PA; SP  |
| KINERET SUBCUTANEOUS SYRINGE<br>100 MG/0.67 ML   | Tier 5 Specialty           | PA; SP  |
| <b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>                                       |                            |   |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)                | Tier 5 Specialty           | PA; SP  |
| <i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter) | Tier 5 Specialty           | PA; SP  |
| <i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF))           | Tier 5 Specialty           | PA; SP  |
| AVSOLA INTRAVENOUS RECON<br>SOLN 100 MG  | Tier 5 Specialty           | PA; SP  |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                        | Tier 5 Specialty           | PA; SP  |

| Drug   | Status           | Notes  |
|--|------------------|--------|
| CIMZIA STARTER KIT<br>SUBCUTANEOUS SYRINGE KIT 400<br>MG/2 ML (200 MG/ML X 2)                | Tier 5 Specialty | PA; SP |
| CIMZIA SUBCUTANEOUS SYRINGE<br>KIT 200 MG/ML, 400 MG/2 ML (200<br>MG/ML X 2)                 | Tier 5 Specialty | PA; SP |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)  | Tier 5 Specialty | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION<br>25 MG/0.5 ML   | Tier 5 Specialty | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE<br>25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                           | Tier 5 Specialty | PA; SP |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 50<br>MG/ML (1 ML)                             | Tier 5 Specialty | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                     | Tier 5 Specialty | PA; SP |
| HUMIRA SUBCUTANEOUS SYRINGE<br>KIT 40 MG/0.8 ML  | Tier 5 Specialty | PA; SP |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                 | Tier 5 Specialty | PA; SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML-40 MG/0.4 ML | Tier 5 Specialty | PA; SP |
| HUMIRA(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.4 ML, 80<br>MG/0.8 ML                | Tier 5 Specialty | PA; SP |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML           | Tier 5 Specialty | PA; SP |
| INFLECTRA INTRAVENOUS RECON<br>SOLN 100 MG   | Tier 5 Specialty | PA; SP |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade)                                   | Tier 5 Specialty | PA; SP |



| Drug   | Status           | Notes   |
|--|------------------|---|
| REMICADE INTRAVENOUS RECON (infliximab)<br>SOLN 100 MG   | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| RENFLEXIS INTRAVENOUS RECON<br>SOLN 100 MG   | Tier 5 Specialty | PA; SP  |
| SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk)<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 40 MG/0.4 ML | Tier 5 Specialty | PA; SP  |
| SIMLANDI(CF) AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 80 MG/0.8 ML                   | Tier 5 Specialty | PA; SP  |
| SIMLANDI(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8<br>ML                         | Tier 5 Specialty | PA; SP  |
| SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk)<br>SYRINGE KIT 40 MG/0.4 ML                        | Tier 5 Specialty | PA; SP  |
| SIMPONI ARIA INTRAVENOUS<br>SOLUTION 12.5 MG/ML  | Tier 5 Specialty | PA; SP  |
| SIMPONI SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 50 MG/0.5 ML                                   | Tier 5 Specialty | PA; SP  |
| SIMPONI SUBCUTANEOUS SYRINGE<br>100 MG/ML, 50 MG/0.5 ML  | Tier 5 Specialty | PA; SP  |
| ZYMFENTRA SUBCUTANEOUS PEN<br>INJECTOR KIT 120 MG/ML   | Tier 5 Specialty | PA; SP  |
| ZYMFENTRA SUBCUTANEOUS<br>SYRINGE KIT 120 MG/ML  | Tier 5 Specialty | PA; SP  |
| <b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>  |                  |   |
| ILARIS (PF) SUBCUTANEOUS<br>SOLUTION 150 MG/ML   | Tier 5 Specialty | PA; SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>  |                            |   |
| ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)   | Tier 2 Generic             |   |
| <b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>  |                            |   |
| OTEZLA ORAL TABLET 20 MG, 30 MG   | Tier 5 Specialty           | PA; SP  |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 5 Specialty           | PA; SP  |
| <b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>   |                            |   |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML   | Tier 4 Non-Preferred Brand | PA  |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)   | Tier 3 Preferred Brand     | PA  |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML  | Tier 4 Non-Preferred Brand | PA  |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML   | Tier 4 Non-Preferred Brand | PA  |
| GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))  | Tier 4 Non-Preferred Brand | PA  |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML   | Tier 4 Non-Preferred Brand | PA  |
| HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))  | Tier 4 Non-Preferred Brand | PA  |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML  | Tier 4 Non-Preferred Brand | PA  |

| Drug   |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML                          |                                 | Tier 4 Non-Preferred Brand | PA  |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML                         |                                 | Tier 4 Non-Preferred Brand | PA  |
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML                          | (sodium hyaluronate (viscosup)) | Tier 4 Non-Preferred Brand | PA  |
| SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML                           | (sodium hyaluronate (viscosup)) | Tier 4 Non-Preferred Brand | PA  |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML                           |                                 | Tier 3 Preferred Brand     | PA  |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML                       |                                 | Tier 3 Preferred Brand     | PA  |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML                            | (sodium hyaluronate (viscosup)) | Tier 4 Non-Preferred Brand | PA  |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML                             | (sodium hyaluronate (viscosup)) | Tier 4 Non-Preferred Brand | PA  |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML                             | (sodium hyaluronate (viscosup)) | Tier 4 Non-Preferred Brand | PA  |
| <b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>             |                                 |                            |   |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG                 |                                 | Tier 5 Specialty           | PA; SP  |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML               |                                 | Tier 5 Specialty           | PA; SP  |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML |                                 | Tier 5 Specialty           | PA; SP  |
| <b>Bradykinin B2 Receptor Antagonists</b>                            |                                 |                            |   |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML                              | (icatibant)                     | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)            | Tier 5 Specialty           | PA; SP  |
| <b>C1 Esterase Inhibitors</b>   |                            |   |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)                             | Tier 5 Specialty           | PA; SP  |
| BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)                      | Tier 5 Specialty           | PA; SP  |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                        | Tier 5 Specialty           | PA; SP  |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT               | Tier 5 Specialty           | PA; SP  |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT                            | Tier 5 Specialty           | PA; SP  |
| <b>Glucocorticoids</b>  |                            |   |
| BETALOGAN SUIK KIT 6 MG/ML  | Tier 4 Non-Preferred Brand |   |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>         | Tier 2 Generic             |   |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris) | Tier 2 Generic             | ST: Requires prior prescription for Balsalazide within the past 120 days  |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>cortisone oral tablet 25 mg</i>                                    | Tier 2 Generic             |   |
| <i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)              | Tier 5 Specialty           | PA; SP  |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)    | Tier 5 Specialty           | PA; SP  |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML                             | Tier 4 Non-Preferred Brand |   |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                          | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                   | Tier 2 Generic             |   |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 2 Generic             |   |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 %   | Tier 4 Non-Preferred Brand |   |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML                                     | Tier 5 Specialty           | PA; SP  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                    | Tier 2 Generic             |   |
| <i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)    | Tier 2 Generic             |   |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MEDROL ORAL TABLET 2 MG   | Tier 3 Preferred Brand     |   |
| MEDROLOAN II SUIK KIT 40 MG/ML  | Tier 4 Non-Preferred Brand |   |
| MEDROLOAN SUIK KIT 40 MG/ML   | Tier 4 Non-Preferred Brand |   |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                            | Tier 2 Generic             |   |
| <i>methylprednisolone oral tablet 32 mg</i>   | Tier 2 Generic             |   |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))                       | Tier 2 Generic             |   |
| ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>prednisolone oral solution 15 mg/5 ml</i>  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i> | Tier 2 Generic             |   |
| <i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)  | Tier 2 Generic             |   |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)                                  | Tier 2 Generic             |   |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)                            | Tier 2 Generic             |   |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML   | Tier 3 Preferred Brand     |   |
| <i>prednisone oral solution 5 mg/5 ml</i>  | Tier 2 Generic             |   |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>  | Tier 2 Generic             |   |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>   | Tier 2 Generic             |   |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML                        | Tier 4 Non-Preferred Brand |   |
| TRILOAN II SUIK KIT 40 MG/ML   | Tier 4 Non-Preferred Brand |   |
| TRILOAN SUIK KIT 40 MG/ML  | Tier 4 Non-Preferred Brand |   |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Balsalazide within the past 120 days |

| Drug   |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)   | (prednisolone sodium phosphate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Gold Salts</b>  |                                 |                            |   |
| <i>auranofin oral capsule 3 mg</i>   | (Ridaura)                       | Tier 2 Generic             |   |
| RIDAURA ORAL CAPSULE 3 MG  | (auranofin)                     | Tier 4 Non-Preferred Brand |   |
| <b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>  |                                 |                            |   |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG   |                                 | Tier 5 Specialty           | PA; SP  |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML  |                                 | Tier 5 Specialty           | PA; SP  |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML  |                                 | Tier 5 Specialty           | PA; SP  |
| <b>Interleukin-6 (IL-6) Receptor Inhibitors</b>  |                                 |                            |   |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML   |                                 | Tier 5 Specialty           | PA; SP  |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) |                                 | Tier 5 Specialty           | PA; SP  |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML   |                                 | Tier 5 Specialty           | PA; SP  |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML  |                                 | Tier 5 Specialty           | PA; SP  |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML                                     |                                 | Tier 5 Specialty           | PA; SP  |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML  |                                 | Tier 5 Specialty           | PA; SP  |



| Drug   | Status           | Notes  |
|--|------------------|--------|
| TYENNE AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR 162<br>MG/0.9 ML  | Tier 5 Specialty | PA; SP |
| TYENNE INTRAVENOUS SOLUTION<br>200 MG/10 ML (20 MG/ML), 400 MG/20<br>ML (20 MG/ML), 80 MG/4 ML (20<br>MG/ML) | Tier 5 Specialty | PA; SP |
| TYENNE SUBCUTANEOUS SYRINGE<br>162 MG/0.9 ML   | Tier 5 Specialty | PA; SP |
| <b>Janus Kinase (Jak) Inhibitors</b>   |                  |        |
| CIBINQO ORAL TABLET 100 MG, 200<br>MG, 50 MG   | Tier 5 Specialty | PA; SP |
| OLUMIANT ORAL TABLET 1 MG, 2<br>MG, 4 MG   | Tier 5 Specialty | PA; SP |
| RINVOQ LQ ORAL SOLUTION 1<br>MG/ML   | Tier 5 Specialty | PA; SP |
| RINVOQ ORAL TABLET EXTENDED<br>RELEASE 24 HR 15 MG, 30 MG, 45 MG   | Tier 5 Specialty | PA; SP |
| XELJANZ ORAL SOLUTION 1 MG/ML  | Tier 5 Specialty | PA; SP |
| XELJANZ ORAL TABLET 10 MG, 5 MG  | Tier 5 Specialty | PA; SP |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11 MG,<br>22 MG   | Tier 5 Specialty | PA; SP |
| <b>Mineralocorticoids</b>  |                  |        |
| <i>fludrocortisone oral tablet 0.1 mg</i>  | Tier 2 Generic   |        |
| <b>Monoclonal Antibody-Human<br/>Interleukin 12/23 Inhib</b>   |                  |        |
| SELARSDI INTRAVENOUS SOLUTION<br>130 MG/26 ML  | Tier 5 Specialty | PA; SP |
| SELARSDI SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML  | Tier 5 Specialty | PA; SP |
| STELARA INTRAVENOUS SOLUTION (ustekinumab)<br>130 MG/26 ML   | Tier 5 Specialty | PA; SP |
| STELARA SUBCUTANEOUS (ustekinumab)<br>SOLUTION 45 MG/0.5 ML  | Tier 5 Specialty | PA; SP |
| STELARA SUBCUTANEOUS SYRINGE (ustekinumab)<br>45 MG/0.5 ML, 90 MG/ML   | Tier 5 Specialty | PA; SP |
| YESINTEK INTRAVENOUS SOLUTION<br>130 MG/26 ML  | Tier 5 Specialty | PA; SP |
| YESINTEK SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML   | Tier 5 Specialty | PA; SP |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML  | Tier 5 Specialty | PA; SP |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>                                  |                            |   |
| ARTHROTEC 50 ORAL (diclofenac-misoprostol)<br>TABLET,IR,DELAYED REL,BIPHASIC<br>50-200 MG-MCG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ARTHROTEC 75 ORAL (diclofenac-misoprostol)<br>TABLET,IR,DELAYED REL,BIPHASIC<br>75-200 MG-MCG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | Tier 2 Generic             |   |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>                       |                            |   |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | Tier 2 Generic             |   |
| <b>Nsaids, Cyclooxygenase Inhibitor-Type</b>                           |                            |   |
| ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| DAYPRO ORAL TABLET 600 MG (oxaprozin)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>diclofenac potassium oral tablet 50 mg</i>                                     | Tier 2 Generic             |   |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                | Tier 2 Generic             |   |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Tier 2 Generic             |   |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)        | Tier 2 Generic             |   |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                       | Tier 2 Generic             |   |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                       | Tier 2 Generic             |   |
| <i>etodolac oral tablet 500 mg</i>  | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | Tier 2 Generic             |   |
| FELDENE ORAL CAPSULE 20 MG (piroxicam)                                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>flurbiprofen oral tablet 100 mg</i>                                    | Tier 2 Generic             |   |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)                        | Tier 2 Generic             |   |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)           | Tier 2 Generic             |   |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)                 | Tier 2 Generic             |   |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                             | Tier 2 Generic             |   |
| <i>indomethacin oral capsule, extended release 75 mg</i>                  | Tier 2 Generic             |   |
| <i>indomethacin rectal suppository 100 mg</i>                             | Tier 2 Generic             |   |
| <i>ketoprofen oral capsule 25 mg</i> (Kiprofen)                           | Tier 2 Generic             |   |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                               | Tier 2 Generic             |   |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>             | Tier 2 Generic             |   |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>   | Tier 2 Generic             |   |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>                     | Tier 2 Generic             |   |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                        | Tier 2 Generic             |   |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                         | Tier 2 Generic             |   |
| <i>ketorolac oral tablet 10 mg</i>  | Tier 2 Generic             | QL (20 EA per 5 days)   |
| KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)                                  | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| LODINE ORAL TABLET 400 MG (etodolac)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                   | Tier 2 Generic             |   |
| <i>mefenamic acid oral capsule 250 mg</i>   | Tier 2 Generic             |   |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                                      | Tier 2 Generic             |   |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>  | Tier 2 Generic             |   |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                      | Tier 2 Generic             |   |
| NAPROSYN ORAL TABLET 500 MG (naproxen)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>naproxen oral tablet 250 mg, 375 mg</i>  | Tier 2 Generic             |   |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                                     | Tier 2 Generic             |   |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen) | Tier 2 Generic             |   |
| <i>naproxen sodium oral tablet 275 mg</i>   | Tier 2 Generic             |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--------|
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                                  | Tier 2 Generic             |        |
| <i>oxaprozin oral tablet 600 mg</i> (Daypro)  | Tier 2 Generic             |        |
| <i>piroxicam oral capsule 10 mg</i>   | Tier 2 Generic             |        |
| <i>piroxicam oral capsule 20 mg</i> (Feldene)   | Tier 2 Generic             |        |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | Tier 2 Generic             |        |
| <i>tolmetin oral capsule 400 mg</i>   | Tier 2 Generic             |        |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600)                                       | Tier 2 Generic             |        |
| TORONOVA II SUIK KIT 30 MG/ML   | Tier 4 Non-Preferred Brand |        |
| TORONOVA SUIK KIT 30 MG/ML  | Tier 4 Non-Preferred Brand |        |
| <b>Plasma Kallikrein Inhibitors</b>   |                            |        |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)  | Tier 5 Specialty           | PA; SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                                  | Tier 5 Specialty           | PA; SP |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)                        | Tier 5 Specialty           | PA; SP |
| <b>Local Anesthesia</b>   |                            |        |
| <b>Local Anesthetics</b>  |                            |        |
| <i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>                 | Tier 2 Generic             |        |
| <i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml) 0.25%</i>            | Tier 2 Generic             |        |
| GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)                           | Tier 2 Generic             |        |
| KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML                                      | Tier 4 Non-Preferred Brand |        |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>  | Tier 2 Generic             |        |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)                    | Tier 2 Generic             |        |
| <i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)                   | Tier 2 Generic             |        |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                            | Tier 2 Generic             |        |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)                          | Tier 2 Generic             |        |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)   | Tier 4 Non-Preferred Brand |        |
| <i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>                  | Tier 2 Generic             |        |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i> | Tier 2 Generic             |        |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>  | Tier 2 Generic             |  |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %, 20 mg/10 ml (2 mg/ml) 0.2 %</i> | Tier 2 Generic             |  |
| <b>Periodontal Anesthetics</b>   |                            |  |
| ORAQIX DENTAL CARTRIDGE 2.5-2.5 %  | Tier 4 Non-Preferred Brand |  |
| <b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>   |                            |  |
| <b>Chronic Inflammation of the Colon, 5-A-Salicylates, Rectal Treatment</b>                                      |                            |  |
| CANASA RECTAL SUPPOSITORY (mesalamine) 1,000 MG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscriber's benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)   | Tier 2 Generic             |  |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)   | Tier 2 Generic             |  |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)                                     | Tier 2 Generic             |  |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipe) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SFROWASA RECTAL ENEMA 4 (mesalamine)<br>GRAM/60 ML                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Drug Tx-Chronic Inflamm. Colon Dx,5-Aminosalicylat</b>            |                            |   |
| APRISO ORAL CAPSULE,EXTENDED (mesalamine)<br>RELEASE 24HR 0.375 GRAM | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| AZULFIDINE EN-TABS ORAL (sulfasalazine)<br>TABLET,DELAYED RELEASE (DR/EC)<br>500 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)                                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                    | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| COLAZAL ORAL CAPSULE 750 MG (balsalazide)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DIPENTUM ORAL CAPSULE 250 MG                                     | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lialda within the past 120 days   |

| Drug  |                      | Status                     | Notes   |
|---|----------------------|----------------------------|---|
| LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM             | (mesalamine)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>    | (Delzicol)           | Tier 2 Generic             |   |
| <i>mesalamine oral capsule, extended release 500 mg</i>         | (Pentasa)            | Tier 2 Generic             |   |
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> | (Apriso)             | Tier 2 Generic             |   |
| <i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>  | (Lialda)             | Tier 2 Generic             |   |
| <i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>    |                      | Tier 2 Generic             |   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                   |                      | Tier 3 Preferred Brand     |   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                   | (mesalamine)         | Tier 3 Preferred Brand     |   |
| <i>sulfasalazine oral tablet 500 mg</i>                         | (Azulfidine)         | Tier 2 Generic             |   |
| <i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> | (Azulfidine EN-tabs) | Tier 2 Generic             |   |
| <b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth</b>       |                      |                            |   |
| ANA-LEX KIT RECTAL KIT 2-2 %                                    |                      | Tier 2 Generic             |   |

| Drug  |                            | Status                     | Notes   |
|---|----------------------------|----------------------------|---|
| ANALPRAM-HC RECTAL CREAM 1-1 %<br>%, 2.5-1 %  | (hydrocortisone-pramoxine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>hydrocortisone-pramoxine rectal cream</i><br>1-1 %, 2.5-1 %                                | (Analpram-HC)              | Tier 2 Generic             |   |
| <i>hydrocortisone-pramoxine rectal cream</i><br>2.5-1 % (4g)                                  |                            | Tier 2 Generic             |   |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i><br>3-0.5 %                                 |                            | Tier 2 Generic             |   |
| <i>lidocaine hcl-hydrocortison ac rectal gel</i><br>3 %-2.5 % (7 gram)                        |                            | Tier 2 Generic             |   |
| <i>lidocaine hcl-hydrocortison ac rectal kit</i><br>3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram) |                            | Tier 2 Generic             |   |
| <i>lidocaine-hydrocortisone-aloe rectal gel</i><br>2.8-0.55 %                                 |                            | Tier 2 Generic             |   |
| <i>lidocaine-hydrocortisone-aloe rectal kit</i><br>3-2.5 % (7 gram)                           |                            | Tier 2 Generic             |   |
| PROCORT RECTAL CREAM 1.85-1.15 %  |                            | Tier 4 Non-Preferred Brand |   |
| PROCTOFOAM HC RECTAL FOAM 1-1 %   |                            | Tier 3 Preferred Brand     |   |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %   |                            | Tier 4 Non-Preferred Brand |   |
| <b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>                                    |                            |                            |   |
| VIBERZI ORAL TABLET 100 MG, 75 MG   |                            | Tier 3 Preferred Brand     |   |
| <b>Integrin Receptor Antagonist, Monoclonal Antibody</b>                                      |                            |                            |   |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG   |                            | Tier 5 Specialty           | PA; SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML         | Tier 5 Specialty           | PA; SP  |
| <b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>    |                            |   |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| TRULANCE ORAL TABLET 3 MG                                    | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| <b>Local Anorectal Nitrate Preparations</b>                  |                            |   |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)    | Tier 2 Generic             |   |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Rectal Preparations</b>                                   |                            |   |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate) | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ANUSOL-HC RECTAL SUPPOSITORY (hydrocortisone acetate) 25 MG          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)  | Tier 2 Generic             |   |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC) | Tier 2 Generic             |   |



| Drug  |                          | Status                     | Notes   |
|---|--------------------------|----------------------------|---|
| PROCTOCORT RECTAL SUPPOSITORY 30 MG                     | (hydrocortisone acetate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b> |                          |                            |   |
| <i>budesonide rectal foam 2 mg/actuation</i>            | (Uceris)                 | Tier 2 Generic             |   |
| CORTENEMA RECTAL ENEMA 100 MG/60 ML                     | (hydrocortisone)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)                      |                          | Tier 4 Non-Preferred Brand |   |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>         | (Cortenema)              | Tier 2 Generic             |   |

| Drug  |                         | Status                     | Notes   |
|---|-------------------------|----------------------------|---|
| UCERIS RECTAL FOAM 2 MG/ACTUATION               | (budesonide)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.         |
| <b>Lower Gastrointestinal Disorders - Other</b> |                         |                            |   |
| <b>Ammonia Inhibitors</b>                       |                         |                            |   |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM             | (sodium phenylbutyrate) | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                         | Status                     | Notes   |
|--|-------------------------|----------------------------|---|
| BUPHENYL ORAL TABLET 500 MG  | (sodium phenylbutyrate) | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>                            | (Carbaglu)              | Tier 5 Specialty           | PA; SP  |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML  | (lactulose)             | Tier 2 Generic             |   |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML   | (lactulose)             | Tier 2 Generic             |   |
| LITHOSTAT ORAL TABLET 250 MG   |                         | Tier 4 Non-Preferred Brand |   |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM |                         | Tier 5 Specialty           | PA; SP  |
| PHEBURANE ORAL GRANULES 483 MG/GRAM  |                         | Tier 5 Specialty           | PA; SP  |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML  |                         | Tier 5 Specialty           | PA; SP  |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>                          | (Buphenyl)              | Tier 5 Specialty           | PA; SP  |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                  | (Buphenyl)              | Tier 5 Specialty           | PA; SP  |
| <b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>                          |                         |                            |   |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                               |                         | Tier 3 Preferred Brand     | SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)   |
| <b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>                          |                         |                            |   |
| XERMELO ORAL TABLET 250 MG   |                         | Tier 5 Specialty           | PA; SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Antidiarrheals</b>   |                            |   |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>       | Tier 2 Generic             |   |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)  | Tier 2 Generic             |   |
| LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | Tier 2 Generic             |   |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>           | Tier 2 Generic             |   |
| <b>Bile Salts</b>   |                            |   |
| URSO FORTE ORAL TABLET 500 MG (ursodiol)                          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ursodiol oral capsule 300 mg</i>                               | Tier 2 Generic             |   |
| <i>ursodiol oral tablet 250 mg</i>                                | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)               | Tier 2 Generic             |   |
| <b>Farnesoid X Receptor (Fxr) Agonist,<br/>Bile Ac Analog</b> |                            |   |
| OCALIVA ORAL TABLET 10 MG, 5 MG                               | Tier 5 Specialty           | PA; SP  |
| <b>Ibs Agents,Sodium-Hydrogen<br/>Exchanger 3(Nhe3) Inhib</b> |                            |   |
| IBSRELA ORAL TABLET 50 MG                                     | Tier 4 Non-Preferred Brand | PA  |
| <b>Irritable Bowel Synd. Agent,5Ht-3<br/>Antagonist-Type</b>  |                            |   |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)          | Tier 2 Generic             |   |
| LOTROXEX ORAL TABLET 0.5 MG, 1 MG (alosetron)                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Laxatives And Cathartics</b>  |                            |  |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML                         | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)   |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                           | Tier 2 Generic             |  |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)   |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes) | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)   |
| GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)                   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)   |

| Drug   | Status                            | Notes   |
|--|-----------------------------------|---|
| <p>GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)</p>              | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4000 ML per 1 FILL)</p> |
| <p><i>lactulose oral solution 10 gram/15 ml</i> (Constulose)</p>                               | <p>Tier 2 Generic</p>             |   |
| <p><i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)</p>                                | <p>Tier 2 Generic</p>             | <p>QL (2 EA per 1 day)</p>  |
| <p>MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)</p>      | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 FILL)</p>    |
| <p><i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G)<br/>236-22.74-6.74 -5.86 gram</p> | <p>Tier 1 EHB/ACA</p>             | <p>\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)</p>   |

| Drug  | Status         | Notes  |
|---|----------------|--|
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)       | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)   |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                               | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)   |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM   | Tier 1 EHB/ACA | ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL) |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)   |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM  | Tier 1 EHB/ACA | ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL) |



| Drug  |                                    | Status                         | Notes   |
|---|------------------------------------|--------------------------------|---|
| SUPREP BOWEL PREP KIT ORAL<br>RECON SOLN 17.5-3.13-1.6 GRAM | (sodium,potassium,mag<br>sulfates) | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (354 ML per 1 FILL) |
| SUTAB ORAL TABLET 1.479-0.188-<br>0.225 GRAM                |                                    | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)  |
| <b>Narcotic Antagonists, Peripherally-Acting</b>            |                                    |                                |   |
| <i>alvimopan oral capsule 12 mg</i>                         |                                    | Tier 2 Generic                 |   |
| MOVANTIK ORAL TABLET 12.5 MG, 25<br>MG                      |                                    | Tier 3 Preferred<br>Brand      | QL (1 EA per 1 day)   |
| RELISTOR ORAL TABLET 150 MG                                 |                                    | Tier 4 Non-<br>Preferred Brand | PA  |
| RELISTOR SUBCUTANEOUS<br>SOLUTION 12 MG/0.6 ML              |                                    | Tier 4 Non-<br>Preferred Brand | PA  |
| RELISTOR SUBCUTANEOUS<br>SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML  |                                    | Tier 4 Non-<br>Preferred Brand | PA  |
| SYMPROIC ORAL TABLET 0.2 MG                                 |                                    | Tier 3 Preferred<br>Brand      | QL (1 EA per 1 day)   |
| <b>Ppar Agonist</b>   |                                    |                                |   |
| IQIRVO ORAL TABLET 80 MG                                    |                                    | Tier 5 Specialty               | PA; SP  |
| <b>Sbs - Glucagon-Like Peptide-2 (Glp-2)<br/>Analog</b>     |                                    |                                |   |
| GATTEX 30-VIAL SUBCUTANEOUS<br>KIT 5 MG                     |                                    | Tier 5 Specialty               | PA; SP  |
| GATTEX ONE-VIAL SUBCUTANEOUS<br>KIT 5 MG                    |                                    | Tier 5 Specialty               | PA; SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Tissue Bulking Implants - Non-Cosmetic</b>  |                            |   |
| SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)                               | Tier 5 Specialty           | SP  |
| <b>Medical Supplies</b>  |                            |   |
| <b>Durable Medical Equipment,Misc(Group 1)</b>   |                            |   |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)  |
| <b>Medical Supplies,Miscellaneous(Group 2)</b>   |                            |   |
| SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT                                       | Tier 5 Specialty           | SP  |
| <b>Syringes And Accessories</b>  |                            |   |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (insulin u-500 syringe-needle) | Tier 3 Preferred Brand     |   |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>                     | Tier 3 Preferred Brand     |   |
| <b>Tissue Bulking Implants</b>   |                            |   |
| BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML                                   | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Miscellaneous Agents</b>   |                            |   |
| <b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>             |                            |   |
| AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML                            | Tier 5 Specialty           | PA; SP  |
| ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML                                 | Tier 5 Specialty           | PA; SP  |
| <b>Anaphylaxis Therapy Agents</b>                                     |                            |   |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)   | Tier 2 Generic             | QL (4 EA per 1 FILL)  |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | Tier 2 Generic             | QL (4 EA per 1 FILL)  |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen)     | Tier 2 Generic             | QL (4 EA per 1 FILL)  |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| EPIPEN INJECTION AUTO-INJECTOR (epinephrine)<br>0.3 MG/0.3 ML        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL) |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL) |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL) |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)   | Tier 4 Non-Preferred Brand | QL (4 EA per 1 FILL)  |
| <b>Cxcr4 Chemokine Receptor Antagonist</b>                                |                            |   |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor)        | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.               |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil) | Tier 5 Specialty           | PA; SP  |
| <b>Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab</b>                |                            |   |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML               | Tier 5 Specialty           | PA; SP  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--------|
| <b>Metabolic Disease Enzyme Replacement, Asmd</b>                 |                            |        |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG                      | Tier 5 Specialty           | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>           |                            |        |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML                             | Tier 5 Specialty           | PA; SP |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG                      | Tier 5 Specialty           | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>         |                            |        |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT                          | Tier 5 Specialty           | PA; SP |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT                           | Tier 5 Specialty           | PA; SP |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT                             | Tier 5 Specialty           | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>        |                            |        |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG                             | Tier 5 Specialty           | PA; SP |
| NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG                          | Tier 5 Specialty           | PA; SP |
| POMBILITI INTRAVENOUS RECON SOLN 105 MG                           | Tier 5 Specialty           | PA; SP |
| <b>Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def.</b>      |                            |        |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML                               | Tier 5 Specialty           | PA; SP |
| <b>Miscellaneous Agents</b>                                       |                            |        |
| NEXAVIR INJECTION SOLUTION 25.5 MG/ML                             | Tier 4 Non-Preferred Brand |        |
| <b>Parasympathetic Agents</b>                                     |                            |        |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 2 Generic             |        |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                     | Tier 2 Generic             |        |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| EVOXAC ORAL CAPSULE 30 MG (cevimeline)                                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Tier 2 Generic             |   |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>               |                            |   |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML     | Tier 5 Specialty           | PA; SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| <b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>       |                  |   |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)        | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)                  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan) | Tier 5 Specialty | SP  |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Kuvan)           | Tier 5 Specialty | SP  |
| <b>Systemic Enzyme Inhibitors</b>                               |                  |   |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG              | Tier 5 Specialty | SP  |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)                 | Tier 5 Specialty | SP  |
| VIJOICE ORAL GRANULES IN PACKET 50 MG                           | Tier 5 Specialty | PA; SP  |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG | Tier 5 Specialty           | PA; SP  |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG        | Tier 5 Specialty           | SP  |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                                  | Tier 5 Specialty           | PA; SP  |
| <b>Thyroid Hormone Receptor (Thr) Agonist</b>                      |                            |   |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                         | Tier 5 Specialty           | PA; SP  |
| <b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>             |                            |   |
| QBREXZA TOPICAL TOWELETTE 2.4 %                                    | Tier 3 Preferred Brand     | PA  |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)            | Tier 4 Non-Preferred Brand | PA  |
| <b>Neoplastic Disease</b>  |                            |   |
| <b>Alkylating Agents</b>   |                            |   |
| ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG (melphalan hcl)      | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                | Status                     | Notes   |
|--|----------------|----------------------------|---|
| ALKERAN ORAL TABLET 2 MG                                 | (melphalan)    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML                   | (bendamustine) | Tier 5 Specialty           | SP  |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> | (Treanda)      | Tier 5 Specialty           | SP  |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML                    | (bendamustine) | Tier 5 Specialty           | SP  |
| BICNU INTRAVENOUS RECON SOLN 100 MG                      | (carmustine)   | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>busulfan intravenous solution 60 mg/10 ml</i>         | (Busulfex)     | Tier 5 Specialty           | SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| BUSULFEX INTRAVENOUS SOLUTION (busulfan)<br>60 MG/10 ML               | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>carboplatin intravenous recon soln 150 mg</i>                      | Tier 5 Specialty | SP  |
| <i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)         | Tier 5 Specialty | SP  |
| <i>carmustine intravenous recon soln 100 mg</i> (BiCNU)               | Tier 5 Specialty | SP  |
| <i>carmustine intravenous recon soln 300 mg</i>                       | Tier 5 Specialty | SP  |
| <i>cisplatin intravenous recon soln 50 mg</i>                         | Tier 5 Specialty | SP  |
| <i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)              | Tier 5 Specialty | SP  |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | Tier 5 Specialty | SP  |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>     | Tier 5 Specialty | SP  |
| <i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)    | Tier 5 Specialty | SP  |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                     | Tier 5 Specialty | SP  |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                      | Tier 5 Specialty | SP  |
| EVOMELA INTRAVENOUS RECON SOLN 50 MG                                  | Tier 5 Specialty | SP  |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)               | Tier 5 Specialty | PA; SP  |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG                                    | Tier 5 Specialty | SP  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| HYDREA ORAL CAPSULE 500 MG (hydroxyurea)                             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                      | Tier 2 Generic             |   |
| IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM (ifosfamide)              | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)       | Tier 5 Specialty           | SP  |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>    | Tier 5 Specialty           | SP  |
| KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (cisplatin)                    | Tier 5 Specialty           | SP  |
| LEUKERAN ORAL TABLET 2 MG  | Tier 5 Specialty           | SP  |
| <i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl)) | Tier 5 Specialty           | SP  |
| MYLERAN ORAL TABLET 2 MG   | Tier 5 Specialty           | SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>                                   | Tier 5 Specialty | SP  |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | Tier 5 Specialty | SP  |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG   | Tier 5 Specialty | PA; SP  |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>              | Tier 5 Specialty | PA; SP  |
| TEPADINA INJECTION RECON SOLN (thiotepa) 100 MG   | Tier 5 Specialty | SP  |
| TEPADINA INJECTION RECON SOLN (thiotepa) 15 MG  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)                             | Tier 5 Specialty | SP  |

| Drug   |                | Status                     | Notes   |
|--|----------------|----------------------------|---|
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG | (bendamustine) | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML      | (bendamustine) | Tier 5 Specialty           | SP  |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG         |                | Tier 5 Specialty           | PA; SP  |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG         |                | Tier 5 Specialty           | PA; SP  |
| <b>Antiandrogenic Agents</b>                 |                |                            |   |
| <i>abiraterone oral tablet 250 mg</i>        | (Abirtega)     | Tier 5 Specialty           | PA; SP  |
| <i>abiraterone oral tablet 500 mg</i>        | (Zytiga)       | Tier 5 Specialty           | PA; SP  |
| ABIRTEGA ORAL TABLET 250 MG                  | (abiraterone)  | Tier 5 Specialty           | PA  |
| <i>bicalutamide oral tablet 50 mg</i>        | (Casodex)      | Tier 2 Generic             |   |
| CASODEX ORAL TABLET 50 MG                    | (bicalutamide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |

| Drug   | Status           | Notes  |
|--|------------------|--|
| ERLEADA ORAL TABLET 240 MG, 60 MG                      | Tier 5 Specialty | PA; SP   |
| NILANDRON ORAL TABLET 150 MG (nilutamide)              | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron)       | Tier 5 Specialty | SP; QL (2 EA per 1 day)  |
| NUBEQA ORAL TABLET 300 MG                              | Tier 5 Specialty | PA; SP   |
| XTANDI ORAL CAPSULE 40 MG                              | Tier 5 Specialty | PA; SP   |
| XTANDI ORAL TABLET 40 MG, 80 MG                        | Tier 5 Specialty | PA; SP   |
| YONSA ORAL TABLET 125 MG                               | Tier 5 Specialty | PA; SP   |
| ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)        | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                  |
| <b>Antibiotic Antineoplastics</b>                      |                  |  |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | Tier 5 Specialty | SP   |

| Drug  |                                  | Status           | Notes   |
|---|----------------------------------|------------------|---|
| CAELYX INTRAVENOUS<br>SUSPENSION 2 MG/ML          | (doxorubicin, peg-<br>liposomal) | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| COSMEGEN INTRAVENOUS RECON<br>SOLN 0.5 MG         | (dactinomycin)                   | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>dactinomycin intravenous recon soln 0.5 mg</i> | (Cosmegen)                       | Tier 5 Specialty | SP  |
| <i>daunorubicin intravenous solution 5 mg/ml</i>  |                                  | Tier 5 Specialty | SP  |



| Drug  | Status           | Notes   |
|---|------------------|---|
| DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin, peg-liposomal)                     | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | Tier 2 Generic   | SP  |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)             | Tier 5 Specialty | SP  |
| ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML (epirubicin)                  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>epirubicin intravenous recon soln 50 mg</i>  | Tier 5 Specialty | SP  |
| <i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)           | Tier 5 Specialty | SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML (idarubicin)  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)                                 | Tier 5 Specialty | SP  |
| <i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)                        | Tier 5 Specialty | SP  |
| <i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)</i>          | Tier 5 Specialty | SP  |
| MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)                               | Tier 5 Specialty | SP  |
| <i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)                                    | Tier 5 Specialty | SP  |
| VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)   | Tier 5 Specialty | SP  |
| ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM   | Tier 5 Specialty | SP  |
| <b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>   |                  |   |
| ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML                                      | Tier 5 Specialty | PA; SP  |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML  | Tier 5 Specialty | PA; SP  |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML  | Tier 5 Specialty | PA; SP  |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | Tier 5 Specialty | PA; SP  |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML  | Tier 5 Specialty | PA; SP  |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML  | Tier 5 Specialty | PA; SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| TRUXIMA INTRAVENOUS SOLUTION<br>10 MG/ML                              | Tier 5 Specialty | PA; SP  |
| <b>Antimetabolites</b>  |                  |   |
| ALIMTA INTRAVENOUS RECON SOLN (pemetrexed disodium)<br>100 MG, 500 MG | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ARRANON INTRAVENOUS SOLUTION (nelarabine)<br>250 MG/50 ML             | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| AXTLE INTRAVENOUS RECON SOLN<br>100 MG, 500 MG                        | Tier 5 Specialty | PA; SP  |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza)               | Tier 5 Specialty | SP  |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)               | Tier 5 Specialty | PA; SP  |
| <i>cladribine intravenous solution 10 mg/10 ml</i>                    | Tier 5 Specialty | SP  |
| <i>clofarabine intravenous solution 1 mg/ml</i>                       | Tier 5 Specialty | SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>  | Tier 5 Specialty | SP  |
| <i>cytarabine injection solution 20 mg/ml</i>   | Tier 5 Specialty | SP  |
| DACOGEN INTRAVENOUS RECON (decitabine)<br>SOLN 50 MG  | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>decitabine intravenous recon soln 50 mg</i>  | Tier 5 Specialty | SP  |
| <i>floxuridine injection recon soln 0.5 gram</i>  | Tier 5 Specialty | SP  |
| <i>fludarabine intravenous recon soln 50 mg</i>   | Tier 5 Specialty | SP  |
| <i>fludarabine intravenous solution 50 mg/2 ml</i>  | Tier 5 Specialty | SP  |
| FOLOTYN INTRAVENOUS SOLUTION (pralatrexate)<br>20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)   | Tier 5 Specialty | PA; SP  |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>  | Tier 5 Specialty | SP  |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>  | Tier 5 Specialty | SP  |
| INFUGEM INTRAVENOUS<br>PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) | Tier 5 Specialty | SP  |
| INQOVI ORAL TABLET 35-100 MG  | Tier 5 Specialty | PA; SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| JYLAMVO ORAL SOLUTION 2 MG/ML   | Tier 4 Non-Preferred Brand | PA  |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG  | Tier 5 Specialty           | PA; SP  |
| <i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)                                  | Tier 5 Specialty           | SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days |
| <i>mercaptopurine oral tablet 50 mg</i>   | Tier 2 Generic             |   |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>                               | Tier 2 Generic             |   |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>                               | Tier 2 Generic             |   |
| <i>methotrexate sodium injection solution 25 mg/ml</i>                                    | Tier 2 Generic             |   |
| <i>methotrexate sodium oral tablet 2.5 mg</i>   | Tier 2 Generic             |   |
| <i>nelarabine intravenous solution 250 mg/50 ml</i> (Arranon)                             | Tier 5 Specialty           | SP  |
| NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)   | Tier 5 Specialty           | SP  |
| ONUREG ORAL TABLET 200 MG, 300 MG   | Tier 5 Specialty           | PA; SP  |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>                        | Tier 5 Specialty           | PA; SP  |
| <i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)                 | Tier 5 Specialty           | PA; SP  |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i>                                  | Tier 5 Specialty           | PA; SP  |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>                                   | Tier 5 Specialty           | PA; SP  |
| <i>pemetrexed intravenous solution 25 mg/ml</i> (Pemfexy)                                 | Tier 5 Specialty           | PA; SP  |
| PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (pemetrexed)  | Tier 5 Specialty           | PA; SP  |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML   | Tier 5 Specialty           | PA; SP  |
| <i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotyn) | Tier 5 Specialty           | PA; SP  |
| PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)   | Tier 5 Specialty           | SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days |
| TABLOID ORAL TABLET 40 MG (thioguanine)   | Tier 5 Specialty           | SP  |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG  | Tier 3 Preferred Brand     |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| VIDAZA INJECTION RECON SOLN 100 (azacitidine)<br>MG           | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)   |
| XELODA ORAL TABLET 150 MG, 500 (capecitabine)<br>MG           | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antineoplast Egf Receptor Blocker<br/>Rcmb Mc Antibody</b> |                            |   |
| ERBITUX INTRAVENOUS SOLUTION<br>100 MG/50 ML, 200 MG/100 ML   | Tier 5 Specialty           | PA; SP  |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| HERCEPTIN HYLECTA<br>SUBCUTANEOUS SOLUTION 600 MG-<br>10,000 UNIT/5 ML                                | Tier 5 Specialty | PA; SP |
| HERCEPTIN INTRAVENOUS RECON<br>SOLN 150 MG  | Tier 5 Specialty | PA; SP |
| HERCESSI INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG   | Tier 5 Specialty | PA; SP |
| HERZUMA INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG  | Tier 5 Specialty | PA; SP |
| KANJINTI INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG   | Tier 5 Specialty | PA; SP |
| MARGENZA INTRAVENOUS<br>SOLUTION 25 MG/ML   | Tier 5 Specialty | PA; SP |
| OGIVRI INTRAVENOUS RECON SOLN<br>150 MG, 420 MG   | Tier 5 Specialty | PA; SP |
| ONTRUZANT INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG  | Tier 5 Specialty | PA; SP |
| PERJETA INTRAVENOUS SOLUTION<br>420 MG/14 ML (30 MG/ML)   | Tier 5 Specialty | PA; SP |
| PHESGO SUBCUTANEOUS<br>SOLUTION 1,200 MG-600MG- 30000<br>UNIT/15ML, 600 MG-600 MG- 20000<br>UNIT/10ML | Tier 5 Specialty | PA; SP |
| PORTRAZZA INTRAVENOUS<br>SOLUTION 800 MG/50 ML (16 MG/ML)   | Tier 5 Specialty | PA; SP |
| TRAZIMERA INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG  | Tier 5 Specialty | PA; SP |
| VECTIBIX INTRAVENOUS SOLUTION<br>100 MG/5 ML (20 MG/ML), 400 MG/20<br>ML (20 MG/ML)                   | Tier 5 Specialty | PA; SP |
| <b>Antineoplast Hum Vegf Inhibitor<br/>Recomb Mc Antibody</b>   |                  |        |
| ALYMSYS INTRAVENOUS SOLUTION<br>25 MG/ML  | Tier 5 Specialty | PA; SP |
| AVASTIN INTRAVENOUS SOLUTION<br>25 MG/ML  | Tier 5 Specialty | PA; SP |
| MVASI INTRAVENOUS SOLUTION 25<br>MG/ML  | Tier 5 Specialty | PA; SP |
| VEGZELMA INTRAVENOUS<br>SOLUTION 25 MG/ML   | Tier 5 Specialty | PA; SP |
| ZIRABEV INTRAVENOUS SOLUTION<br>25 MG/ML  | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Antibiotic And<br/>Antimetabolite</b>   |                  |        |
| VYXEOS INTRAVENOUS RECON<br>SOLN 44-100 MG  | Tier 5 Specialty | PA; SP |

| Drug   | Status                         | Notes   |
|--|--------------------------------|---|
| <b>Antineoplastic - Anti-Cd38 Monoclonal Antibody</b>                  |                                |   |
| DARZALEX FASPRO<br>SUBCUTANEOUS SOLUTION 1,800<br>MG-30,000 UNIT/15 ML | Tier 5 Specialty               | PA; SP  |
| DARZALEX INTRAVENOUS SOLUTION<br>20 MG/ML                              | Tier 5 Specialty               | PA; SP  |
| SARCLISA INTRAVENOUS SOLUTION<br>20 MG/ML                              | Tier 5 Specialty               | PA; SP  |
| <b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody</b>                |                                |   |
| EMPLICITI INTRAVENOUS RECON<br>SOLN 300 MG, 400 MG                     | Tier 5 Specialty               | PA; SP  |
| <b>Antineoplastic Aromatase Inhibitors</b>                             |                                |   |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                         | Tier 1 EHB/ACA                 | \$0 COPAY IF QUANTITY 1<br>IN 1 DAY AND 35 YEARS<br>OF AGE OR OLDER   |
| ARIMIDEX ORAL TABLET 1 MG (anastrozole)                                | Tier 4 Non-<br>Preferred Brand | A prescription written<br>indicating DAW 1 or DAW 2<br>will not override the<br>subscribers benefit<br>coverage. The subscriber<br>may have a higher out of<br>pocket cost when a<br>Generic Drug is available<br>and the Brand Drug is<br>authorized by their doctor<br>or requested by the<br>subscriber. In these cases,<br>the subscriber will pay the<br>price difference between<br>the Brand Drug and<br>Generic Drug prices in<br>addition to the applicable<br>Copayment or Coinsurance<br>amount. |



| Drug  |              | Status                     | Notes   |
|---|--------------|----------------------------|---|
| AROMASIN ORAL TABLET 25 MG  | (exemestane) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>exemestane oral tablet 25 mg</i>   | (Aromasin)   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER   |
| FEMARA ORAL TABLET 2.5 MG   | (letrozole)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>letrozole oral tablet 2.5 mg</i>   | (Femara)     | Tier 2 Generic             |   |
| <b>Antineoplastic - Braf Kinase Inhibitors</b>  |              |                            |   |
| BRAFTOVI ORAL CAPSULE 75 MG   |              | Tier 5 Specialty           | PA; SP  |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML  |              | Tier 5 Specialty           | PA; SP  |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) |              | Tier 5 Specialty           | PA; SP  |

| Drug   | Status           | Notes  |
|--|------------------|--------|
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                   | Tier 5 Specialty | PA; SP |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                            | Tier 5 Specialty | PA; SP |
| ZELBORAF ORAL TABLET 240 MG  | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody</b>              |                  |        |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG                                | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Egfr And Met Receptor Inhib, Mab</b>             |                  |        |
| RYBREVA NT INTRAVENOUS SOLUTION 50 MG/ML                             | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Epothilones And Analogs</b>                      |                  |        |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG                          | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Halichondrin B Analogs</b>                       |                  |        |
| <i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i> (Halaven) | Tier 5 Specialty | PA; SP |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)        | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Hedgehog Pathway Inhibitor</b>                   |                  |        |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                   | Tier 5 Specialty | PA; SP |
| ERIVEDGE ORAL CAPSULE 150 MG   | Tier 5 Specialty | PA; SP |
| ODOMZO ORAL CAPSULE 200 MG   | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Immunotherapy, T-Cell Engager</b>                |                  |        |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML                         | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Interleukin-15 Receptor Agonists</b>             |                  |        |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML                         | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>                |                  |        |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                  | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic - Kras Protein Inhibitor</b>                       |                  |        |
| KRAZATI ORAL TABLET 200 MG   | Tier 5 Specialty | PA; SP |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG                          | Tier 5 Specialty | PA; SP |

| Drug   | Status           | Notes   |
|--|------------------|---|
| <b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>                                    |                  |   |
| COTELLIC ORAL TABLET 20 MG   | Tier 5 Specialty | PA; SP  |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG  | Tier 5 Specialty | PA; SP  |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG  | Tier 5 Specialty | PA; SP  |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG   | Tier 5 Specialty | PA; SP  |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML  | Tier 5 Specialty | PA; SP  |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG  | Tier 5 Specialty | PA; SP  |
| MEKTOVI ORAL TABLET 15 MG  | Tier 5 Specialty | PA; SP  |
| <b>Antineoplastic - Mtor Kinase Inhibitors</b>   |                  |   |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic)) | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status           | Notes   |
|--|------------------|---|
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG<br>(everolimus<br>(antineoplastic))                 | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i><br>(Afinitor)             | Tier 5 Specialty | PA; SP  |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i><br>(Afinitor Disperz) | Tier 5 Specialty | PA; SP  |
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i><br>(Torisel)                | Tier 5 Specialty | PA; SP  |
| TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)<br>(temsirolimus)                       | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status           | Notes   |
|--|------------------|---|
| <b>Antineoplastic - Topoisomerase I Inhibitors</b>                                       |                  |   |
| CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML (irinotecan)                      | Tier 5 Specialty | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (irinotecan)                                 | Tier 5 Specialty | SP  |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG  | Tier 5 Specialty | SP  |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar) | Tier 5 Specialty | SP  |
| <i>irinotecan intravenous solution 500 mg/25 ml</i>                                      | Tier 5 Specialty | SP  |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML   | Tier 5 Specialty | PA; SP  |
| <i>topotecan intravenous recon soln 4 mg</i>   | Tier 5 Specialty | SP  |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>                                | Tier 5 Specialty | SP  |
| <b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>                                    |                  |   |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)              | Tier 5 Specialty | PA; SP  |
| <b>Antineoplastic - Vegfr Antagonist</b>   |                  |   |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML  | Tier 5 Specialty | PA; SP  |
| <b>Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic</b>                                |                  |   |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)                              | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| <b>Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic</b>                            |                  |   |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)                        | Tier 5 Specialty | PA; SP  |
| <b>Antineoplastic Immunomodulator Agents</b>   |                  |   |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | Tier 5 Specialty | PA; SP  |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG   | Tier 5 Specialty | PA; SP  |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)        | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>                            |                  |   |
| ORGOVYX ORAL TABLET 120 MG   | Tier 5 Specialty | PA; SP  |
| <b>Antineoplastic Systemic Enzyme Inhibitors</b>                                     |                  |   |
| ALECENSA ORAL CAPSULE 150 MG   | Tier 5 Specialty | PA; SP  |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG  | Tier 5 Specialty | PA; SP  |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)                               | Tier 5 Specialty | PA; SP  |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG   | Tier 5 Specialty | PA; SP  |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                             | Tier 5 Specialty | PA; SP  |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG  | Tier 5 Specialty | PA; SP  |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i>                                  | Tier 5 Specialty | PA; SP  |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade)   | Tier 5 Specialty | PA; SP |
| <i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>   | Tier 5 Specialty | PA; SP |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG  | Tier 5 Specialty | PA; SP |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG  | Tier 5 Specialty | PA; SP |
| BRUKINSA ORAL CAPSULE 80 MG   | Tier 5 Specialty | PA; SP |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG   | Tier 5 Specialty | PA; SP |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG  | Tier 5 Specialty | PA; SP |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)  | Tier 5 Specialty | PA; SP |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | Tier 5 Specialty | PA; SP |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG  | Tier 5 Specialty | PA; SP |
| DANZITEN ORAL TABLET 71 MG, 95 MG   | Tier 5 Specialty | PA; SP |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)                             | Tier 5 Specialty | PA; SP |
| <i>erlotinib oral tablet 100 mg</i> (Tarceva)   | Tier 5 Specialty | PA; SP |
| <i>erlotinib oral tablet 150 mg, 25 mg</i>  | Tier 5 Specialty | PA; SP |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG   | Tier 5 Specialty | PA; SP |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG  | Tier 5 Specialty | SP     |
| GAVRETO ORAL CAPSULE 100 MG   | Tier 5 Specialty | PA; SP |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)  | Tier 5 Specialty | PA; SP |

| Drug   | Status           | Notes   |
|--|------------------|---|
| GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)        | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG           | Tier 5 Specialty | PA; SP  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG            | Tier 5 Specialty | PA; SP  |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec) | Tier 5 Specialty | PA; SP  |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                 | Tier 5 Specialty | PA; SP  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                   | Tier 5 Specialty | PA; SP  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG         | Tier 5 Specialty | PA; SP  |
| IMKELDI ORAL SOLUTION 80 MG/ML                       | Tier 5 Specialty | PA; SP  |
| INLYTA ORAL TABLET 1 MG, 5 MG                        | Tier 5 Specialty | PA; SP  |
| INREBIC ORAL CAPSULE 100 MG                          | Tier 5 Specialty | PA; SP  |



| Drug   | Status           | Notes   |
|--|------------------|---|
| IRESSA ORAL TABLET 250 MG (gefitinib)  | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ITOVEBI ORAL TABLET 3 MG, 9 MG   | Tier 5 Specialty | PA; SP  |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG   | Tier 5 Specialty | PA; SP  |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)  | Tier 5 Specialty | PA; SP  |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG  | Tier 5 Specialty | PA; SP  |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)   | Tier 5 Specialty | PA; SP  |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | Tier 5 Specialty | PA; SP  |
| LORBRENA ORAL TABLET 100 MG, 25 MG   | Tier 5 Specialty | PA; SP  |
| LYNPARZA ORAL TABLET 100 MG, 150 MG  | Tier 5 Specialty | PA; SP  |
| NERLYNX ORAL TABLET 40 MG  | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| NEXAVAR ORAL TABLET 200 MG (sorafenib)   | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG  | Tier 5 Specialty | PA; SP  |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG  | Tier 5 Specialty | PA; SP  |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG   | Tier 5 Specialty | PA; SP  |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)   | Tier 5 Specialty | PA; SP  |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG   | Tier 5 Specialty | PA; SP  |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | Tier 5 Specialty | PA; SP  |
| QINLOCK ORAL TABLET 50 MG  | Tier 5 Specialty | PA; SP  |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG  | Tier 5 Specialty | PA; SP  |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG   | Tier 5 Specialty | PA; SP  |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG   | Tier 5 Specialty | PA; SP  |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG  | Tier 5 Specialty | PA; SP  |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG  | Tier 5 Specialty | PA; SP  |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG   | Tier 5 Specialty | PA; SP  |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG   | Tier 5 Specialty | PA; SP  |
| RYDAPT ORAL CAPSULE 25 MG  | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG                                  | Tier 5 Specialty | PA; SP  |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                                    | Tier 5 Specialty | PA; SP  |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                | Tier 5 Specialty | PA; SP  |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)   | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| STIVARGA ORAL TABLET 40 MG   | Tier 5 Specialty | PA; SP  |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | Tier 5 Specialty | PA; SP  |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)        | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TABRECTA ORAL TABLET 150 MG, 200 MG  | Tier 5 Specialty | PA; SP  |
| TAGRISSO ORAL TABLET 40 MG, 80 MG  | Tier 5 Specialty | PA; SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 5 Specialty | PA; SP  |
| TARCEVA ORAL TABLET 100 MG, 150 MG (erlotinib)                        | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)            | Tier 5 Specialty | PA; SP  |
| TEPMETKO ORAL TABLET 225 MG   | Tier 5 Specialty | PA; SP  |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                     | Tier 5 Specialty | PA; SP  |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                      | Tier 5 Specialty | PA; SP  |
| TURALIO ORAL CAPSULE 125 MG   | Tier 5 Specialty | PA; SP  |
| TYKERB ORAL TABLET 250 MG (lapatinib)                                 | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status           | Notes   |
|---|------------------|---|
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                     | Tier 5 Specialty | PA; SP  |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG        | Tier 5 Specialty | PA; SP  |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                       | Tier 5 Specialty | PA; SP  |
| VITRAKVI ORAL SOLUTION 20 MG/ML                           | Tier 5 Specialty | PA; SP  |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                  | Tier 5 Specialty | PA; SP  |
| VONJO ORAL CAPSULE 100 MG                                 | Tier 5 Specialty | PA; SP  |
| VOTRIENT ORAL TABLET 200 MG (pazopanib)                   | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                       | Tier 5 Specialty | PA; SP  |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG                  | Tier 5 Specialty | PA; SP  |
| XOSPATA ORAL TABLET 40 MG                                 | Tier 5 Specialty | PA; SP  |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                 | Tier 5 Specialty | PA; SP  |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                        | Tier 5 Specialty | PA; SP  |
| ZYKADIA ORAL TABLET 150 MG                                | Tier 5 Specialty | PA; SP  |
| <b>Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab</b> |                  |   |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML                    | Tier 5 Specialty | PA; SP  |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML                    | Tier 5 Specialty | PA; SP  |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)      | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes  |
|--|------------------|--------|
| OPDIVO INTRAVENOUS SOLUTION<br>100 MG/10 ML, 120 MG/12 ML, 240<br>MG/24 ML, 40 MG/4 ML | Tier 5 Specialty | PA; SP |
| OPDIVO QVANTIG SUBCUTANEOUS<br>SOLUTION 600 MG-10,000 UNIT/5 ML                        | Tier 5 Specialty | PA; SP |
| ZYNYZ INTRAVENOUS SOLUTION 500<br>MG/20 ML   | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic,Histone Deacetylase<br/>Inhibitors,Hdis</b>                          |                  |        |
| BELEODAQ INTRAVENOUS RECON<br>SOLN 500 MG  | Tier 5 Specialty | PA; SP |
| ISTODAX INTRAVENOUS RECON (romidepsin)<br>SOLN 10 MG/2 ML                              | Tier 5 Specialty | PA; SP |
| <i>romidepsin intravenous recon soln 10 (Istodax)<br/>mg/2 ml</i>                      | Tier 5 Specialty | PA; SP |
| <i>romidepsin intravenous solution 5 mg/ml</i>   | Tier 5 Specialty | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG  | Tier 5 Specialty | SP     |
| <b>Antineoplastic-B Cell Lymphoma-2(Bcl-<br/>2) Inhibitors</b>                         |                  |        |
| VENCLEXTA ORAL TABLET 10 MG,<br>100 MG, 50 MG  | Tier 5 Specialty | PA; SP |
| VENCLEXTA STARTING PACK ORAL<br>TABLETS,DOSE PACK 10 MG-50 MG-<br>100 MG               | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic-Cd123-Directed<br/>Cytotoxin Conjugate</b>                           |                  |        |
| ELZONRIS INTRAVENOUS SOLUTION<br>1,000 MCG/ML  | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic-Enzyme Inhib,<br/>Antiandrogen Comb.</b>                             |                  |        |
| AKEEGA ORAL TABLET 100-500 MG,<br>50-500 MG  | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic-Hypoxia Inducible<br/>Factor (Hif) Inh</b>                           |                  |        |
| WELIREG ORAL TABLET 40 MG  | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic-Immunotherapy<br/>Checkpoint Inhib Comb</b>                          |                  |        |
| OPDUALAG INTRAVENOUS<br>SOLUTION 240-80 MG/20 ML                                       | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic-Interleukin-6(IL-<br/>6)Inhib,Antibody</b>                           |                  |        |
| SYLVANT INTRAVENOUS RECON<br>SOLN 100 MG, 400 MG                                       | Tier 5 Specialty | PA; SP |
| <b>Antineoplastic-Isocitrate<br/>Dehydrogenase Inhibitors</b>                          |                  |        |
| IDHIFA ORAL TABLET 100 MG, 50 MG   | Tier 5 Specialty | PA; SP |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| REZLIDHIA ORAL CAPSULE 150 MG                           | Tier 5 Specialty | PA; SP |
| TIBSOVO ORAL TABLET 250 MG                              | Tier 5 Specialty | PA; SP |
| VORANIGO ORAL TABLET 10 MG, 40 MG                       | Tier 5 Specialty | PA; SP |
| <b>Antineoplastics Antibody/Antibody-Drug Complexes</b> |                  |        |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG                   | Tier 5 Specialty | PA; SP |
| BLINCYTO INTRAVENOUS KIT 35 MCG                         | Tier 5 Specialty | PA; SP |
| BLINCYTO INTRAVENOUS RECON SOLN 35 MCG                  | Tier 5 Specialty | PA; SP |
| COLUMVI INTRAVENOUS SOLUTION 1 MG/ML                    | Tier 5 Specialty | PA; SP |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG                  | Tier 5 Specialty | PA; SP |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML                    | Tier 5 Specialty | PA; SP |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG                   | Tier 5 Specialty | PA; SP |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | Tier 5 Specialty | PA; SP |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG            | Tier 5 Specialty | PA; SP |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG           | Tier 5 Specialty | PA; SP |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML                   | Tier 5 Specialty | PA; SP |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG              | Tier 5 Specialty | PA; SP |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG             | Tier 5 Specialty | PA; SP |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML                  | Tier 5 Specialty | PA; SP |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG                     | Tier 5 Specialty | PA; SP |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG                  | Tier 5 Specialty | PA; SP |
| VYLOY INTRAVENOUS RECON SOLN 100 MG                     | Tier 5 Specialty | PA; SP |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG                   | Tier 5 Specialty | PA; SP |
| <b>Antineoplastics,Miscellaneous</b>                    |                  |        |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i>    | Tier 5 Specialty | SP     |

| Drug  | Status           | Notes  |
|---|------------------|--------|
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)   | Tier 5 Specialty | SP     |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML   | Tier 5 Specialty | PA; SP |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Docivyx) | Tier 5 Specialty | SP     |
| <i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>                  | Tier 5 Specialty | SP     |
| ERWINASE INJECTION RECON SOLN 10,000 UNIT   | Tier 5 Specialty | SP     |
| <i>etoposide oral capsule 50 mg</i>   | Tier 2 Generic   |        |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)  | Tier 5 Specialty | SP     |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>   | Tier 5 Specialty | PA; SP |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML   | Tier 5 Specialty | PA; SP |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i>   | Tier 5 Specialty | SP     |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)                           | Tier 5 Specialty | PA; SP |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML  | Tier 5 Specialty | PA; SP |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>  | Tier 5 Specialty | SP     |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (arsenic trioxide)  | Tier 5 Specialty | SP     |
| <b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>  |                  |        |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML  | Tier 5 Specialty | PA; SP |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML   | Tier 5 Specialty | PA; SP |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML  | Tier 5 Specialty | PA; SP |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)                                     | Tier 5 Specialty | PA; SP |
| <b>Chemotherapy Rescue/Antidote Agents</b>  |                  |        |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG  | Tier 5 Specialty | SP     |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg</i>   | Tier 2 Generic   | SP     |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>           | Tier 2 Generic             |   |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i>                | Tier 5 Specialty           | SP  |
| <i>levoleucovorin calcium intravenous solution 10 mg/ml</i>               | Tier 5 Specialty           | SP  |
| <i>mesna oral tablet 400 mg</i> (Mesnex)                                  | Tier 2 Generic             |   |
| MESNEX ORAL TABLET 400 MG (mesna)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)                  | Tier 5 Specialty           | SP  |
| <b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>                 |                            |   |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML                                      | Tier 5 Specialty           | PA; SP  |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | Tier 5 Specialty           | PA; SP  |
| <b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>                 |                            |   |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM                 | Tier 4 Non-Preferred Brand |   |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i>     | Tier 2 Generic             |   |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM                              | Tier 4 Non-Preferred Brand |   |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM       | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>       |                            |   |
| AMELUZ TOPICAL GEL 10 %   | Tier 4 Non-Preferred Brand |   |
| LEVULAN TOPICAL SOLUTION 20 %                                       | Tier 4 Non-Preferred Brand |   |
| <b>Radioactive Therapeutic Agents</b>                               |                            |   |
| HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML | Tier 4 Non-Preferred Brand |   |
| PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)              | Tier 5 Specialty           | PA; SP  |
| <b>Selective Estrogen Receptor Modulators (Serm)</b>                |                            |   |
| FARESTON ORAL TABLET 60 MG (toremifene)                             | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |               | Status                 | Notes   |
|--|---------------|------------------------|---|
| FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML           | (fulvestrant) | Tier 5 Specialty       | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> | (Faslodex)    | Tier 5 Specialty       | PA; SP  |
| ORSERDU ORAL TABLET 345 MG, 86 MG                    |               | Tier 5 Specialty       | PA; SP  |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                   |               | Tier 3 Preferred Brand |   |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>            |               | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER   |
| <i>toremifene oral tablet 60 mg</i>                  | (Fareston)    | Tier 5 Specialty       | PA; SP  |
| <b>Selective Retinoid X Receptor Agonists (Rxr)</b>  |               |                        |   |
| <i>bexarotene oral capsule 75 mg</i>                 | (Targretin)   | Tier 5 Specialty       | PA; SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| TARGRETIN ORAL CAPSULE 75 MG (bexarotene)             | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Steroid Antineoplastics</b>                        |                  |   |
| megestrol oral tablet 20 mg, 40 mg                    | Tier 2 Generic   |   |
| <b>Vinca Alkaloids</b>                                |                  |   |
| vinblastine intravenous solution 1 mg/ml              | Tier 5 Specialty | SP  |
| vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml | Tier 5 Specialty | SP  |
| <b>Neurological Disease - Miscellaneous</b>           |                  |   |
| <b>Agents To Treat Multiple Sclerosis</b>             |                  |   |
| AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)       | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML       | Tier 5 Specialty | PA; SP  |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML   | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| AVONEX INTRAMUSCULAR SYRINGE<br>30 MCG/0.5 ML  | Tier 5 Specialty | PA; SP  |
| AVONEX INTRAMUSCULAR SYRINGE<br>KIT 30 MCG/0.5 ML  | Tier 5 Specialty | PA; SP  |
| BAFIERTAM ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 95 MG  | Tier 5 Specialty | PA; SP  |
| BETASERON SUBCUTANEOUS KIT<br>0.3 MG   | Tier 5 Specialty | PA; SP  |
| BETASERON SUBCUTANEOUS (interferon beta-1b)<br>RECON SOLN 0.3 MG   | Tier 5 Specialty | PA; SP  |
| BRIUMVI INTRAVENOUS SOLUTION<br>25 MG/ML   | Tier 5 Specialty | PA; SP  |
| COPAXONE SUBCUTANEOUS (glatiramer)<br>SYRINGE 20 MG/ML, 40 MG/ML   | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera) | Tier 5 Specialty | PA; SP  |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya)   | Tier 5 Specialty | PA; SP  |
| GILENYA ORAL CAPSULE 0.25 MG   | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| GILENYA ORAL CAPSULE 0.5 MG (fingolimod)                               | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)   | Tier 5 Specialty | PA; SP  |
| GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML           | Tier 5 Specialty | PA; SP  |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                    | Tier 5 Specialty | PA; SP  |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML                             | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG                           | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG                            | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG                            | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG                            | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG                            | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG                            | Tier 5 Specialty | PA; SP  |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG                            | Tier 5 Specialty | PA; SP  |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG                                | Tier 5 Specialty | PA; SP  |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)                                    | Tier 5 Specialty | PA; SP  |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML  | Tier 5 Specialty | PA; SP  |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML  | Tier 5 Specialty | PA; SP  |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML  | Tier 5 Specialty | PA; SP  |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                            | Tier 5 Specialty | PA; SP  |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                                 | Tier 5 Specialty | PA; SP  |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)                                    | Tier 5 Specialty | PA; SP  |
| PONVORY ORAL TABLET 20 MG  | Tier 5 Specialty | PA; SP  |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML                                     | Tier 5 Specialty | PA; SP  |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)       | Tier 5 Specialty | PA; SP  |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)                                    | Tier 5 Specialty | PA; SP  |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate) | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| teriflunomide oral tablet 14 mg, 7 mg (Aubagio)  | Tier 5 Specialty | PA; SP  |

| Drug   | Status           | Notes   |
|--|------------------|---|
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                    | Tier 5 Specialty | PA; SP  |
| <b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>                |                  |   |
| AMPYRA ORAL TABLET EXTENDED (dalfampridine) RELEASE 12 HR 10 MG        | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | Tier 5 Specialty | PA; SP  |
| <b>Amyotrophic Lateral Sclerosis Agents</b>                            |                  |   |
| <i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava)          | Tier 5 Specialty | PA; SP  |
| <i>edaravone intravenous solution 60 mg/100 ml</i>                     | Tier 5 Specialty | PA; SP  |
| RADICAVA INTRAVENOUS SOLUTION (edaravone) 30 MG/100 ML                 | Tier 5 Specialty | PA; SP  |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML                               | Tier 5 Specialty | PA; SP  |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML              | Tier 5 Specialty | PA; SP  |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| RILUTEK ORAL TABLET 50 MG (riluzole)                          | Tier 4 Non-Preferred Brand | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>riluzole oral tablet 50 mg</i> (Rilutek)                   | Tier 2 Generic             |   |
| <b>Anti-Cd19 (B Lymphocyte) Monoclonal Antibody</b>           |                            |   |
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML                         | Tier 5 Specialty           | PA; SP  |
| <b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>      |                            |   |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG             | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)   |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)   |

| Drug   | Status           | Notes  |
|--|------------------|--------|
| <b>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>  |                  |        |
| TYSABRI INTRAVENOUS SOLUTION<br>300 MG/15 ML   | Tier 5 Specialty | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Batten Disea</b>  |                  |        |
| BRINEURA INTRAVENTRICULAR KIT<br>300 MG/10 ML (150MG/5ML X2)   | Tier 5 Specialty | PA; SP |
| BRINEURA INTRAVENTRICULAR<br>SOLUTION 150 MG/ 5 ML   | Tier 5 Specialty | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Mocd</b>  |                  |        |
| NULIBRY INTRAVENOUS RECON<br>SOLN 9.5 MG   | Tier 5 Specialty | PA; SP |
| <b>Movement Disorders(Drug Therapy)</b>  |                  |        |
| AUSTEDO ORAL TABLET 12 MG, 6<br>MG, 9 MG   | Tier 5 Specialty | PA; SP |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 12 MG,<br>18 MG, 24 MG, 30 MG, 36 MG, 42 MG,<br>48 MG, 6 MG | Tier 5 Specialty | PA; SP |
| AUSTEDO XR TITRATION KT(WK1-4)<br>ORAL TABLET, EXT REL 24HR DOSE<br>PACK 12-18-24-30 MG                      | Tier 5 Specialty | PA; SP |
| INGREZZA INITIATION PK(TARDIV)<br>ORAL CAPSULE,DOSE PACK 40 MG<br>(7)- 80 MG (21)                            | Tier 5 Specialty | PA; SP |
| INGREZZA ORAL CAPSULE 40 MG, 60<br>MG, 80 MG   | Tier 5 Specialty | PA; SP |
| INGREZZA SPRINKLE ORAL<br>CAPSULE, SPRINKLE 40 MG, 60 MG,<br>80 MG   | Tier 5 Specialty | PA; SP |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)   | Tier 5 Specialty | PA; SP |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)                               | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>                         |                            |   |
| SKYCLARYS ORAL CAPSULE 50 MG  | Tier 5 Specialty           | PA; SP  |
| <b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>                         |                            |   |
| NUDEXTA ORAL CAPSULE 20-10 MG   | Tier 4 Non-Preferred Brand | PA  |
| <b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>                           |                            |   |
| VELSIPITY ORAL TABLET 2 MG  | Tier 5 Specialty           | PA; SP  |
| ZEPOSIA ORAL CAPSULE 0.92 MG  | Tier 5 Specialty           | PA; SP  |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | Tier 5 Specialty           | PA; SP  |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)      | Tier 5 Specialty           | PA; SP  |
| <b>Oral/Pharyngeal Disorders</b>  |                            |   |
| <b>Dental Aids And Preparations</b>   |                            |   |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)       | Tier 2 Generic             |   |
| ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)                              | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| PERIDEX MUCOUS MEMBRANE (chlorhexidine gluconate)<br>MOUTHWASH 0.12 %                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PERIOGARD MUCOUS MEMBRANE (chlorhexidine gluconate)<br>MOUTHWASH 0.12 %              | Tier 2 Generic             |   |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)                          | Tier 2 Generic             |   |
| <b>Keratinocyte Growth Factor (Kgf)</b>  |                            |   |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG   | Tier 5 Specialty           | SP  |
| <b>Nose Preparations, Miscellaneous (Rx)</b>   |                            |   |
| <i>cocaine nasal solution 4 %</i> (Numbrino)   | Tier 2 Generic             |   |
| GOPRELTO NASAL SOLUTION 4 % (cocaine)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| NUMBRINO NASAL SOLUTION 4 % (cocaine)   | Tier 2 Generic             |   |
| <b>Periodontal Collagenase Inhibitors</b>                                       |                            |   |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                    | Tier 2 Generic             |   |
| <b>Other Drugs</b>  |                            |   |
| <b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>                      |                            |   |
| MIFEPREX ORAL TABLET 200 MG (mifepristone)                                      | Tier 4 Non-Preferred Brand |   |
| <i>mifepristone oral tablet 200 mg</i> (Mifeprex)                               | Tier 2 Generic             |   |
| <b>Agents For Stomatological Use</b>  |                            |   |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %                                     | Tier 4 Non-Preferred Brand |   |
| <b>Antivenins</b>   |                            |   |
| ANASCORP INTRAVENOUS RECON SOLN 120 MG  | Tier 4 Non-Preferred Brand |   |
| <b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>                     |                            |   |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>                        | Tier 2 Generic             |   |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                        | Tier 2 Generic             | ST: Requires prior prescription for Megestrol Acetate 40MG/ML suspension within the past 120 days |
| <b>Blood Collection Set With Local Anesthetics</b>                              |                            |   |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %                    | Tier 4 Non-Preferred Brand |   |
| LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %  | Tier 4 Non-Preferred Brand |   |
| <b>Cardioplegic Solutions</b>   |                            |   |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)  | Tier 2 Generic             |   |
| CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) | Tier 4 Non-Preferred Brand |   |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)       | Tier 2 Generic             |   |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)     | Tier 2 Generic             |   |
| CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)      | Tier 2 Generic             |   |

| Drug  | Status                         | Notes |
|---|--------------------------------|-------|
| CARDIOPLEGIA IND 8:1 NON-ENRCH<br>PERFUSION SOLUTION 70 MEQ/300<br>ML (POTASSIUM)   | Tier 2 Generic                 |       |
| CARDIOPLEGIA INDUCTION 4:1<br>PERFUSION SOLUTION 30 MEQ/415<br>ML (POTASSIUM), 36 MEQ/500 ML<br>(POTASSIUM), 60 MEQ/830 ML<br>(POTASSIUM) | Tier 2 Generic                 |       |
| CARDIOPLEGIA INDUCTION 8:1<br>PERFUSION SOLUTION 100 MEQ/500<br>ML (POTASSIUM)  | Tier 2 Generic                 |       |
| CARDIOPLEGIA MAIN 8:1 NO-ENRCH<br>PERFUSION SOLUTION 24 MEQ/300<br>ML (POTASSIUM)   | Tier 2 Generic                 |       |
| CARDIOPLEGIA MAINT 4:1 PLASMA<br>PERFUSION SOLUTION 30 MEQ/1,047<br>ML (POTASSIUM)  | Tier 4 Non-<br>Preferred Brand |       |
| CARDIOPLEGIA MAINT 4:1 RINGER<br>PERFUSION SOLUTION 12 MEQ/504.8<br>ML (POTASSIUM)  | Tier 2 Generic                 |       |
| CARDIOPLEGIA MAINTENANCE 4:1<br>PERFUSION SOLUTION 20 MEQ/810<br>ML (POTASSIUM), 36 MEQ/L<br>(POTASSIUM)                                  | Tier 2 Generic                 |       |
| CARDIOPLEGIA MAINTENANCE 8:1<br>PERFUSION SOLUTION 36 MEQ/500<br>ML (POTASSIUM)   | Tier 2 Generic                 |       |
| CARDIOPLEGIA REPERFUSATE 4:1<br>PERFUSION SOLUTION 15 MEQ/477.5<br>ML (POTASSIUM)   | Tier 2 Generic                 |       |
| CARDIOPLEGIA REPERFUSATE 4:1<br>PERFUSION SOLUTION 15 MEQ/500<br>ML (POTASSIUM), 7.5 MEQ/238.75 ML<br>(POTASSIUM)                         | Tier 4 Non-<br>Preferred Brand |       |
| CARDIOPLEGIA WARM INDUCT 4:1<br>PERFUSION SOLUTION 40 MEQ/500<br>ML (POTASSIUM)   | Tier 4 Non-<br>Preferred Brand |       |
| <i>cardioplegic no.17(induct 4:1) perfusion<br/>solution 50 meq/500 ml (potassium)</i>  | Tier 2 Generic                 |       |
| <i>cardioplegic no.19 (maint 4:1) perfusion<br/>solution 40 meq/l (potassium)</i>   | Tier 2 Generic                 |       |
| <i>cardioplegic soln perfusion solution 16<br/>meq/l (= k+)</i> (Plegisol)  | Tier 2 Generic                 |       |
| <i>cardioplegic solution no.25 perfusion<br/>solution 29 mmol/l (potassium)</i>   | Tier 2 Generic                 |       |
| CUSTODIOL HTK PERFUSION<br>SOLUTION 9 MMOL-198 MMOL -2<br>MMOL/L  | Tier 4 Non-<br>Preferred Brand |       |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>      | Tier 2 Generic             |   |
| <i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i> | Tier 2 Generic             |   |
| PLEGISOL PERFUSION SOLUTION 16 (cardioplegic soln) MEQ/L (= K+)                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Cholinergic And Anticholinergic Combinations</b>                                 |                            |   |
| COBENFY ORAL CAPSULE 125-30 MG, 50-20 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)   |
| <b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>                       |                            |   |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML                          | Tier 4 Non-Preferred Brand |   |
| <b>Cholinesterase Reactivating,Organophos. Antidotes</b>                            |                            |   |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>                           | Tier 4 Non-Preferred Brand |   |
| <b>Condoms</b>  |                            |   |
| AIMSCO LATEX CONDOM DEVICE  | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60  |
| DUREX AIR CONDOM DEVICE   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60  |
| DUREX AVANTI BARE REAL FEEL   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60  |
| DUREX EXTRA SENSITIVE CONDOM DEVICE   | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60  |

| <b>Drug</b>                           | <b>Status</b>  | <b>Notes</b>                             |
|---------------------------------------|----------------|--|
| DUREX TROPICAL CONDOM DEVICE          | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| FANTASY CONDOM DEVICE                 | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| FC2 FEMALE CONDOM                     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO LUBRICATED CONDOMS DEVICE      | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN CONDOMS DEVICE       | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO TEXTURED CONDOMS DEVICE        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO THIN LUBRICATED CONDOMS DEVICE | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN BARESKIN DEVICE                | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN EXTENDED PLEASURE DEVICE       | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN PLEASURE PACK DEVICE           | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN ULTRA RIBBED CONDOM DEVICE     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN ULTRA THIN DEVICE              | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUE COVER CONDOM DEVICE              | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LATEX CONDOM DEVICE           | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUBRICATED CONDOMS DEVICE     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX NON-LUB CONDOMS DEVICE        | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE    | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |



| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <b>Cystic Fibrosis - Inhaled Osmotic Agents</b>   |                            |  |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG                                | Tier 5 Specialty           | SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| <b>Diluent Solutions</b>  |                            |  |
| DILUENT FOR BICNU INTRAVENOUS SOLUTION (diluent, carmustine (ethanol))                  | Tier 5 Specialty           | SP   |
| <i>diluent for decitabine intravenous solution</i>                                      | Tier 5 Specialty           | SP   |
| DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE  | Tier 5 Specialty           | SP   |
| DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML (diluent, romidepsin (prop gly))        | Tier 4 Non-Preferred Brand | SP   |
| DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML   | Tier 5 Specialty           | SP   |
| <i>diluent for melphalan intravenous solution 10 ml</i>                                 | Tier 5 Specialty           | SP   |
| DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE   | Tier 5 Specialty           | SP   |
| DILUENT FOR ROTARIX ORAL SYRINGE  | Tier 4 Non-Preferred Brand |  |
| DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION   | Tier 5 Specialty           | SP   |
| <i>diluent, carmustine (ethanol) intravenous solution</i> (Diluent for BiCNU)           | Tier 5 Specialty           | SP   |
| <i>diluent, romidepsin (prop gly) intravenous solution 2.2 ml</i> (Diluent For Istodax) | Tier 5 Specialty           | SP   |
| <i>diluent, voretigene neparvovec subretinal solution</i>                               | Tier 5 Specialty           | SP   |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION  | Tier 4 Non-Preferred Brand |  |
| STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION                               | Tier 4 Non-Preferred Brand |  |
| <b>Drugs To Treat Hereditary Tyrosinemia</b>  |                            |  |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)                       | Tier 5 Specialty           | PA; SP   |
| <b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>                                |                            |  |
| CERDELGA ORAL CAPSULE 84 MG   | Tier 5 Specialty           | SP   |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)  | Tier 5 Specialty           | PA; SP   |
| OPFOLDA ORAL CAPSULE 65 MG  | Tier 5 Specialty           | PA; SP   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Environment Allergens And Irritants, Other</b>       |                            |   |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED | Tier 4 Non-Preferred Brand |   |
| <b>General Anesthetics - Benzodiazepine, Injectable</b> |                            |   |
| <i>midazolam (pf) injection solution 5 mg/ml</i>        | Tier 2 Generic             |   |
| <i>midazolam injection solution 5 mg/ml</i>             | Tier 2 Generic             |   |
| <b>General Anesthetics,Inhalant</b>                     |                            |   |
| <i>desflurane inhalation liquid 100 %</i> (Suprane)     | Tier 2 Generic             |   |
| FORANE INHALATION LIQUID 99.9 % (isoflurane)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>isoflurane inhalation liquid 99.9 %</i> (Terrell)    | Tier 2 Generic             |   |
| <i>sevoflurane inhalation liquid</i> (Ultane)           | Tier 2 Generic             |   |
| TERRELL INHALATION LIQUID 99.9 % (isoflurane)           | Tier 2 Generic             |   |

| Drug  |                   | Status                     | Notes   |
|---|-------------------|----------------------------|---|
| ULTANE INHALATION LIQUID  | (sevoflurane)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>General Inhalation Agents</b>  |                   |                            |   |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                    |                   | Tier 4 Non-Preferred Brand |   |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %                      | (sodium chloride) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %                        | (sodium chloride) | Tier 2 Generic             |   |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                        |                   | Tier 4 Non-Preferred Brand |   |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i> |                   | Tier 2 Generic             |   |
| <i>sodium chloride inhalation solution for nebulization 3 %</i>         | (NebuSal)         | Tier 2 Generic             |   |

| Drug  |                              | Status                     | Notes   |
|---|------------------------------|----------------------------|---|
| <i>sodium chloride inhalation solution for nebulization 7 %</i>             | (Hyper-Sal)                  | Tier 2 Generic             |   |
| <b>Intra-Uterine Devices (IUD's)</b>  |                              |                            |   |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG     |                              | Tier 1 EHB/ACA             |   |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG       |                              | Tier 1 EHB/ACA             |   |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG     |                              | Tier 1 EHB/ACA             |   |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM              |                              | Tier 1 EHB/ACA             |   |
| PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM |                              | Tier 1 EHB/ACA             |   |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG         |                              | Tier 1 EHB/ACA             |   |
| <b>Metabolic Deficiency Agents</b>  |                              |                            |   |
| <i>betaine oral powder 1 gram/scoop</i>                                     | (Cystadane)                  | Tier 5 Specialty           | PA; SP  |
| CARNITOR ORAL SOLUTION 100 MG/ML  | (levocarnitine (with sugar)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                         | Status                     | Notes   |
|--|-------------------------|----------------------------|---|
| CARNITOR ORAL TABLET 330 MG  | (levocarnitine)         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>          | (Carnitor)              | Tier 2 Generic             |   |
| <i>levocarnitine oral solution 100 mg/ml</i>                       | (Carnitor (sugar-free)) | Tier 2 Generic             |   |
| <i>levocarnitine oral tablet 330 mg</i>                            | (Carnitor)              | Tier 2 Generic             |   |
| <b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>          |                         |                            |   |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML                        |                         | Tier 5 Specialty           | SP  |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML                            |                         | Tier 5 Specialty           | SP  |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML                           |                         | Tier 5 Specialty           | SP  |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)                   |                         | Tier 5 Specialty           | PA; SP  |
| <b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>          |                         |                            |   |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)           |                         | Tier 5 Specialty           | PA; SP  |
| <b>Metallic Poison,Agents To Treat</b>                             |                         |                            |   |
| CHEMET ORAL CAPSULE 100 MG   |                         | Tier 4 Non-Preferred Brand |   |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>   | (Jadenu Sprinkle)       | Tier 5 Specialty           | PA; SP  |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>               | (Jadenu)                | Tier 5 Specialty           | PA; SP  |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | (Exjade)                | Tier 5 Specialty           | PA; SP  |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i>                    | (Ferriprox)             | Tier 5 Specialty           | PA; SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>deferoxamine injection recon soln 2 gram</i>                         | Tier 2 Generic             | PA  |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal)              | Tier 2 Generic             | PA  |
| DESFERAL INJECTION RECON SOLN (deferoxamine)<br>500 MG                  | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.     |
| EXJADE ORAL TABLET, DISPERSIBLE (deferasirox)<br>125 MG, 250 MG, 500 MG | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| FERRIPROX ORAL SOLUTION 100 MG/ML                                | Tier 5 Specialty           | PA; SP  |
| FERRIPROX ORAL TABLET 1,000 MG, (deferiprone) 500 MG             | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)                   | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)                      | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox) | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM  | Tier 4 Non-Preferred Brand |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| SYPRINE ORAL CAPSULE 250 MG (trientine)                                       | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                | Tier 5 Specialty           | PA; SP  |
| <i>trientine oral capsule 500 mg</i>  | Tier 5 Specialty           | PA; SP  |
| WILZIN ORAL CAPSULE 25 MG (ZINC)  | Tier 4 Non-Preferred Brand |   |
| <b>Muscarinic Receptor Antagonists</b>  |                            |   |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML                 | Tier 4 Non-Preferred Brand |   |
| <b>Needles/Needleless Devices</b>   |                            |   |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                             | Tier 3 Preferred Brand     |   |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                          | Tier 3 Preferred Brand     |   |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)     | Tier 3 Preferred Brand     |   |
| BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)  | Tier 3 Preferred Brand     |   |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)  | Tier 3 Preferred Brand     |   |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)  | Tier 3 Preferred Brand     |   |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)   | Tier 3 Preferred Brand     |   |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic) | Tier 3 Preferred Brand     |   |
| NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)        | Tier 3 Preferred Brand     |   |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                | Tier 3 Preferred Brand     |   |

| Drug   | Status                         | Notes  |
|--|--------------------------------|--------|
| ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4" | Tier 3 Preferred<br>Brand      |        |
| <b>Neuromuscular Blocking Agents</b>   |                                |        |
| BOTOX INJECTION RECON SOLN 100<br>UNIT, 200 UNIT   | Tier 5 Specialty               | PA; SP |
| DAXXIFY INTRAMUSCULAR RECON<br>SOLN 100 UNIT   | Tier 5 Specialty               | PA; SP |
| DYSPORT INTRAMUSCULAR RECON<br>SOLN 300 UNIT, 500 UNIT   | Tier 5 Specialty               | PA; SP |
| MYOBLOC INTRAMUSCULAR<br>SOLUTION 10,000 UNIT/2 ML, 2,500<br>UNIT/0.5 ML, 5,000 UNIT/ML  | Tier 5 Specialty               | PA; SP |
| XEOMIN INTRAMUSCULAR RECON<br>SOLN 100 UNIT, 200 UNIT, 50 UNIT   | Tier 5 Specialty               | PA; SP |
| <b>Oral Lipid Supplements</b>  |                                |        |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML  | Tier 5 Specialty               | PA; SP |
| <b>Oral Mucositis/Stomatitis Agents</b>  |                                |        |
| ORAMAGICRX MUCOUS MEMBRANE<br>MOUTHWASH  | Tier 4 Non-<br>Preferred Brand |        |
| <b>Saliva Stimulant Agents</b>   |                                |        |
| NUMOISYN MUCOUS MEMBRANE<br>LOZENGE 0.3 GRAM   | Tier 4 Non-<br>Preferred Brand |        |
| <b>Saliva Substitute Agents</b>  |                                |        |
| NUMOISYN MUCOUS MEMBRANE<br>LIQUID   | Tier 4 Non-<br>Preferred Brand |        |
| <b>Skin Tissue Replacement</b>   |                                |        |
| APLIGRAF TOPICAL DISK  | Tier 4 Non-<br>Preferred Brand |        |
| EPIFIX AMNIOTIC MEMBRANE<br>TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X<br>4 CM, 7 X 7 CM   | Tier 4 Non-<br>Preferred Brand |        |
| GRAFIX CORE TOPICAL SHEET 1.5 X<br>2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4<br>CM, 5 X 5 CM   | Tier 4 Non-<br>Preferred Brand |        |
| GRAFIX PRIME TOPICAL SHEET 1.5 X<br>2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4<br>CM, 5 X 5 CM  | Tier 4 Non-<br>Preferred Brand |        |
| GRAFIX XC TOPICAL SHEET 7.5 X 15<br>CM   | Tier 4 Non-<br>Preferred Brand |        |
| MIRO3D TOPICAL SHEET 10 X 5 X 2<br>CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4<br>X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM                 | Tier 4 Non-<br>Preferred Brand |        |
| MIRODERM FENESTRATED PLUS<br>TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8<br>X 15 CM, 8 X 8 CM  | Tier 4 Non-<br>Preferred Brand |        |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM        | Tier 4 Non-Preferred Brand |   |
| MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM                                      | Tier 4 Non-Preferred Brand |   |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM  | Tier 4 Non-Preferred Brand |   |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM  | Tier 4 Non-Preferred Brand |   |
| <b>Somatostatic Agents</b>  |                            |   |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 ml</i> (Somatuline Depot)             | Tier 5 Specialty           | PA; SP  |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>   | Tier 5 Specialty           | SP  |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)                    | Tier 5 Specialty           | SP  |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>              | Tier 5 Specialty           | SP  |
| <i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg, 30 mg</i> (Sandostatin LAR Depot) | Tier 5 Specialty           | PA; SP  |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)                           | Tier 5 Specialty           | SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (octreotide,microspheres) | Tier 5 Specialty           | PA; SP  |

| Drug   |                                     | Status                         | Notes   |
|--|-------------------------------------|--------------------------------|---|
| SOMATULINE DEPOT<br>SUBCUTANEOUS SYRINGE 120<br>MG/0.5 ML  | (lanreotide)                        | Tier 5 Specialty               | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SOMATULINE DEPOT<br>SUBCUTANEOUS SYRINGE 60 MG/0.2<br>ML, 90 MG/0.3 ML                                       | (lanreotide)                        | Tier 5 Specialty               | PA; SP  |
| <b>Tissue/Wound Adhesives</b>  |                                     |                                |   |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5<br>UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2<br>ML), 2.5 TO 6.5 UNIT/ML (4 ML) |                                     | Tier 4 Non-<br>Preferred Brand |   |
| TISSEEL VHSD (APROTININ, SYN)<br>TOPICAL KIT 10 ML, 2 ML, 4 ML   |                                     | Tier 4 Non-<br>Preferred Brand |   |
| TISSEEL VHSD (APROTININ, SYN)<br>TOPICAL SYRINGE 10 ML, 2 ML, 4 ML   |                                     | Tier 4 Non-<br>Preferred Brand |   |
| <b>Water</b>   |                                     |                                |   |
| BACTERIOSTATIC WATER-OGIVRI<br>INJECTION SOLUTION  | (water for inject,<br>bacteriostat) | Tier 2 Generic                 | SP  |
| <i>water for injection, sterile injection<br/>solution</i>   | (Sterile Water for Injection)       | Tier 2 Generic                 | SP  |

| Drug  | Status           | Notes   |
|---|------------------|---|
| <b>Other Respiratory Disorders</b>                            |                  |   |
| <b>Antifibrotic Therapy - Pyridone Analogs</b>                |                  |   |
| ESBRIET ORAL CAPSULE 267 MG (pirfenidone)                     | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)              | Tier 5 Specialty | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)              | Tier 5 Specialty | PA; SP  |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)       | Tier 5 Specialty | PA; SP  |
| <i>pirfenidone oral tablet 534 mg</i>                         | Tier 5 Specialty | PA; SP  |
| <b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b> |                  |   |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG                 | Tier 5 Specialty | PA; SP  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 5 Specialty           | PA; SP  |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | Tier 5 Specialty           | PA; SP  |
| <b>Lung Surfactants</b>   |                            |   |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML  | Tier 4 Non-Preferred Brand |   |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML  | Tier 4 Non-Preferred Brand |   |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML  | Tier 4 Non-Preferred Brand |   |
| <b>Mucolytics</b>   |                            |   |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                     | Tier 2 Generic             |   |
| PULMOZYME INHALATION SOLUTION 1 MG/ML   | Tier 5 Specialty           | PA; SP  |
| <b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>  |                            |   |
| OFEV ORAL CAPSULE 100 MG, 150 MG  | Tier 5 Specialty           | PA; SP  |
| <b>Pain Management - Analgesics</b>   |                            |   |
| <b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>  |                            |   |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>   | Tier 2 Generic             | ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)  | Tier 2 Generic             |   |
| TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)   | Tier 2 Generic             |   |
| <b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>  |                            |   |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>  | Tier 2 Generic             |   |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>   | Tier 2 Generic             |   |
| <b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>                                     |                            |   |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)                             | Tier 2 Generic             |   |

| Drug   |                                 | Status                     | Notes   |
|--|---------------------------------|----------------------------|---|
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> |                                 | Tier 2 Generic             |   |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>  |                                 | Tier 2 Generic             |   |
| ESGIC ORAL CAPSULE 50-325-40 MG                                | (butalbital-acetaminophen-caff) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ESGIC ORAL TABLET 50-325-40 MG                                 | (butalbital-acetaminophen-caff) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| FIORICET ORAL CAPSULE 50-300-40 MG                             | (butalbital-acetaminophen-caff) | Tier 2 Generic             |   |
| <b>Analgesic/Antipyretics, Salicylates</b>                     |                                 |                            |   |
| <i>aspirin oral tablet 325 mg</i>                              | (Bayer Aspirin)                 | Tier 1 EHB/ACA             |   |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>     | (Bayer Aspirin)                 | Tier 1 EHB/ACA             |   |
| BAYER ASPIRIN ORAL TABLET 325 MG                               | (aspirin)                       | Tier 1 EHB/ACA             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| BAYER ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>325 MG             | Tier 1 EHB/ACA             |   |
| <i>choline,magnesium salicylate oral liquid<br/>500 mg/5 ml</i>                      | Tier 2 Generic             |   |
| <i>diflunisal oral tablet 500 mg</i>   | Tier 2 Generic             |   |
| DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)                                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)                         | Tier 1 EHB/ACA             |   |
| <i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)                               | Tier 2 Generic             |   |
| <b>Analgesics, Narcotic Agonist And Nsaid Combination</b>                            |                            |   |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>             | Tier 2 Generic             |   |
| <b>Analgesics, Neuronal-Type Calcium Channel Blockers</b>                            |                            |   |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML                                    | Tier 5 Specialty           | SP  |
| <b>Analgesics, Non-Narcotics</b>   |                            |   |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF)) | Tier 2 Generic             |   |
| <i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>                              | Tier 2 Generic             |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML) (clonidine (pf))   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| JOURNAVX ORAL TABLET 50 MG  | Tier 4 Non-Preferred Brand | PA  |
| <b>Analgesics,Narcotics</b>   |                            |   |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>   | Tier 2 Generic             |   |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>   | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription   |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>  | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription   |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)  |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>  | Tier 2 Generic             |   |
| <i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>   | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| BUTRANS TRANSDERMAL PATCH (buprenorphine)<br>WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>   | Tier 2 Generic             | QL (12 EA per 1 day); Age (Min 12 Years)  |
| <i>codeine sulfate oral tablet 60 mg</i>  | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 12 Years)   |
| DEMEROL (PF) INJECTION SYRINGE<br>100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML   | Tier 4 Non-Preferred Brand |   |
| DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf))<br>0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML | Tier 4 Non-Preferred Brand |   |
| DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| DISKETTS ORAL TABLET,SOLUBLE 40 (methadone) MG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>                                    | Tier 2 Generic             |  |
| <i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>   | Tier 2 Generic             |  |
| <i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>   | Tier 2 Generic             |  |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>      | Tier 2 Generic             |  |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>   | Tier 2 Generic             | PA   |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | Tier 2 Generic             | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription  |
| <i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>  | Tier 2 Generic             |  |
| <i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>  | Tier 2 Generic             |  |
| <i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>                           | Tier 2 Generic             |  |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                       | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER) | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 120 mg</i>  | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid (PF))                                   | Tier 2 Generic             |  |
| <i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>                         | Tier 2 Generic             |  |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)   | Tier 2 Generic             |  |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)  | Tier 2 Generic             |  |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>   | Tier 2 Generic             | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                  |
| <i>hydromorphone rectal suppository 3 mg</i>  | Tier 2 Generic             |  |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)       | Tier 4 Non-Preferred Brand | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 60 MG (hydrocodone bitartrate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                   | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription   |
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>        | Tier 2 Generic             |   |
| <i>meperidine oral solution 50 mg/5 ml</i>                                     | Tier 2 Generic             | QL (30 ML per 1 day)  |
| <i>meperidine oral tablet 50 mg</i>  | Tier 2 Generic             | QL (6 EA per 1 day)   |
| <i>methadone injection solution 10 mg/ml</i>                                   | Tier 2 Generic             | QL (4 ML per 1 day)   |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)                       | Tier 2 Generic             | QL (4 ML per 1 day)   |
| <i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)                | Tier 2 Generic             | QL (4 ML per 1 day)   |
| <i>methadone oral solution 10 mg/5 ml</i>                                      | Tier 2 Generic             | QL (20 ML per 1 day)  |
| <i>methadone oral solution 5 mg/5 ml</i>                                       | Tier 2 Generic             | QL (40 ML per 1 day)  |
| <i>methadone oral tablet 10 mg</i>   | Tier 2 Generic             | QL (4 EA per 1 day)   |
| <i>methadone oral tablet 5 mg</i>  | Tier 2 Generic             | QL (8 EA per 1 day)   |
| <i>methadone oral tablet,soluble 40 mg</i> (Methadose)                         | Tier 2 Generic             | QL (1 EA per 1 day)   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| METHADOSE ORAL CONCENTRATE (methadone)<br>10 MG/ML  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 ML per 1 day) |
| METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)   | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>morphine (pf) intravenous syringe 1 mg/2 ml</i>  | Tier 2 Generic             |  |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>  | Tier 2 Generic             | PA   |
| <i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i> | Tier 2 Generic             |  |
| <i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>                             | Tier 2 Generic             |  |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i>   | Tier 2 Generic             |  |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>  | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>                     | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)   |
| <i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>    | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |

| <b>Drug</b>  | <b>Status</b>              | <b>Notes</b>  |
|--|----------------------------|---|
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>               | Tier 2 Generic             |   |
| <i>morphine oral tablet 15 mg</i>  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>morphine oral tablet 30 mg</i>  | Tier 3 Preferred Brand     |   |
| <i>morphine oral tablet extended release 100 mg, 200 mg</i>                  | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)  |
| <i>morphine oral tablet extended release 15 (MS Contin) mg, 30 mg, 60 mg</i> | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)  |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                 | Tier 2 Generic             |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| MS CONTIN ORAL TABLET (morphine)<br>EXTENDED RELEASE 100 MG, 15 MG,<br>200 MG, 30 MG, 60 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>                                     | Tier 2 Generic             |   |
| NUCYNTA ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 100 MG,<br>150 MG, 200 MG, 250 MG, 50 MG   | Tier 4 Non-Preferred Brand | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)  |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG  | Tier 4 Non-Preferred Brand | QL (6 EA per 1 day)   |
| <i>oxycodone oral capsule 5 mg</i>  | Tier 2 Generic             |   |
| <i>oxycodone oral concentrate 20 mg/ml</i>  | Tier 2 Generic             | PA  |
| <i>oxycodone oral solution 5 mg/5 ml</i>  | Tier 2 Generic             |   |
| <i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>   | Tier 2 Generic             |   |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                                      | Tier 2 Generic             |   |
| <i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i> (RoxyBond)                | Tier 2 Generic             |   |
| <i>oxycodone oral tablet, oral only, ext.rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)     | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)                             | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)  |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone) | Tier 3 Preferred Brand     | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)  |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)                                    | Tier 3 Preferred Brand     | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)  |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>   | Tier 2 Generic             |   |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>            | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)  |
| <i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>                                 | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)  |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>  | Tier 2 Generic             |   |
| QDOLO ORAL SOLUTION 5 MG/ML (tramadol)   | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| ROXICODONE ORAL TABLET 15 MG, (oxycodone)<br>30 MG                       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)    | Tier 4 Non-Preferred Brand |   |
| <i>tramadol oral solution 5 mg/ml</i> (Qdolo)                            | Tier 2 Generic             | PA  |
| <i>tramadol oral tablet 50 mg</i>  | Tier 2 Generic             | QL (8 EA per 1 day); Age (Min 12 Years)   |
| <i>tramadol oral tablet extended release 24 hr 100 mg</i>                | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)  |
| <i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>        | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)  |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>                  | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)  |
| <i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>          | Tier 2 Generic             | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)  |
| XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH)<br>13.5 MG, 18 MG, 9 MG | Tier 4 Non-Preferred Brand | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>27 MG                             | Tier 4 Non-Preferred Brand | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)             |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>36 MG                             | Tier 4 Non-Preferred Brand | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)             |
| <b>Antimigraine Preparations</b>   |                            |  |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML              | Tier 3 Preferred Brand     | PA   |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>225 MG/1.5 ML                      | Tier 3 Preferred Brand     | PA   |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                    | Tier 3 Preferred Brand     | PA   |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                 | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                    | Tier 2 Generic             | QL (15 ML per 14 days)   |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)  |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)                                    | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)  | Tier 4 Non-Preferred Brand | PA   |
| EMGALITY PEN SUBCUTANEOUS<br>PEN INJECTOR 120 MG/ML                                    | Tier 3 Preferred Brand     | PA   |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120 MG/ML                                     | Tier 3 Preferred Brand     | PA   |
| ERGOMAR SUBLINGUAL TABLET 2 MG   | Tier 4 Non-Preferred Brand | QL (10 EA per 7 days)  |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>  | Tier 2 Generic             | QL (10 EA per 7 days)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| FROVA ORAL TABLET 2.5 MG (frovatriptan)                          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| <i>frovatriptan oral tablet 2.5 mg</i> (Frova)                   | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)  |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 EA per 30 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| IMITREX STATDOSE PEN<br>SUBCUTANEOUS PEN INJECTOR 4<br>MG/0.5 ML, 6 MG/0.5 ML<br>(sumatriptan succinate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days) |
| IMITREX STATDOSE REFILL<br>SUBCUTANEOUS CARTRIDGE 4<br>MG/0.5 ML, 6 MG/0.5 ML<br>(sumatriptan succinate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days) |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| IMITREX SUBCUTANEOUS SOLUTION (sumatriptan succinate)<br>6 MG/0.5 ML | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days) |
| MAXALT ORAL TABLET 10 MG (rizatriptan)                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (27 EA per 30 days) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| MAXALT-MLT ORAL<br>TABLET,DISINTEGRATING 10 MG (rizatriptan)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (27 EA per 30 days)  |
| MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                     | Tier 2 Generic             | QL (18 EA per 30 days)   |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75 MG                                  | Tier 3 Preferred Brand     | PA   |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG   | Tier 3 Preferred Brand     | PA   |



| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| RELPAX ORAL TABLET 20 MG, 40 MG (eletriptan)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| REYVOW ORAL TABLET 100 MG, 50 MG   | Tier 3 Preferred Brand     | PA  |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)  | Tier 2 Generic             | QL (27 EA per 30 days)  |
| <i>rizatriptan oral tablet 5 mg</i>  | Tier 2 Generic             | QL (27 EA per 30 days)  |
| <i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)                                       | Tier 2 Generic             | QL (27 EA per 30 days)  |
| <i>rizatriptan oral tablet,disintegrating 5 mg</i>   | Tier 2 Generic             | QL (27 EA per 30 days)  |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>                             | Tier 2 Generic             | QL (36 EA per 30 days)  |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)                                | Tier 2 Generic             | QL (18 EA per 30 days)  |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | Tier 2 Generic             | QL (18 ML per 30 days)  |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | Tier 2 Generic             | QL (18 ML per 30 days)  |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)                               | Tier 2 Generic             | QL (18 ML per 30 days)  |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>  | Tier 2 Generic             | QL (18 ML per 30 days)  |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)   | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| UBRELVY ORAL TABLET 100 MG, 50 MG                                 | Tier 3 Preferred Brand     | PA  |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                 | Tier 4 Non-Preferred Brand | PA  |
| <i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig) | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)  |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)              | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)  |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>      | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)  |
| ZOMIG NASAL SPRAY, NON-AEROSOL (zolmitriptan) 2.5 MG, 5 MG        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)                     | Tier 2 Generic             | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)  |

| Drug   |                                 | Status                     | Notes  |
|--|---------------------------------|----------------------------|--|
| <b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>                             |                                 |                            |  |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300 MG/3<br>ML (100 MG/ML X 3)              |                                 | Tier 3 Preferred<br>Brand  | PA   |
| <b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>                    |                                 |                            |  |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>                    | (Fioricet with Codeine)         | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 12 Years)  |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                    |                                 | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 12 Years)  |
| FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG                                   | (butalbital-acetaminop-caf-cod) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day); Age (Min 12 Years) |
| <b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>                     |                                 |                            |  |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG                                     | (codeine-bitalbital-asa-caff)   | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 12 Years)  |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>                      | (Ascomp with Codeine)           | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 12 Years)  |
| <b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>                        |                                 |                            |  |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i> |                                 | Tier 2 Generic             | QL (150 ML per 1 day); Age (Min 12 Years)  |
| <i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>                     |                                 | Tier 2 Generic             | Age (Min 12 Years)   |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                        |                                 | Tier 2 Generic             | QL (12 EA per 1 day); Age (Min 12 Years)   |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                   |                                 | Tier 2 Generic             | QL (6 EA per 1 day); Age (Min 12 Years)  |

| Drug  | Status           | Notes  |
|---|------------------|--|
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)   | Tier 2 Generic   | ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)   | Tier 2 Generic   | QL (12 EA per 1 day)   |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>   | Tier 2 Generic   | QL (184 ML per 1 day)  |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>  | Tier 2 Generic   | QL (13 EA per 1 day)   |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>  | Tier 2 Generic   | QL (12 EA per 1 day)   |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>  | Tier 2 Generic   | QL (61 ML per 1 day)   |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)  | Tier 2 Generic   | QL (12 EA per 1 day)   |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)  | Tier 2 Generic   | QL (12 EA per 1 day)   |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>   | Tier 2 Generic   | QL (10 EA per 1 day); Age (Min 12 Years)   |
| <b>Narcotic Withdrawal Therapy Agents</b>   |                  |  |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML | Tier 5 Specialty | SP   |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>   | Tier 2 Generic   | QL (3 EA per 1 day)  |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)  | Tier 2 Generic   |  |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>  | Tier 2 Generic   | QL (3 EA per 1 day)  |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML  | Tier 5 Specialty | PA; SP   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SUBOXONE SUBLINGUAL FILM 12-3 (buprenorphine-naloxone) MG, 2-0.5 MG, 4-1 MG              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SUBOXONE SUBLINGUAL FILM 8-2 (buprenorphine-naloxone) MG                                 | Tier 3 Preferred Brand     | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | Tier 3 Preferred Brand     | QL (1 EA per 1 day)   |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG   | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |
| <b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>                                |                            |   |
| lofexidine oral tablet 0.18 mg (Lucemyra)  | Tier 2 Generic             | PA  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)                     | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>     |                            |   |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i> | Tier 2 Generic             | QL (8 EA per 1 day); Age (Min 12 Years)   |
| <b>Parkinsons Disease</b>                                     |                            |   |
| <b>Antiparkinsonism Drugs,Anticholinergic</b>                 |                            |   |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>             | Tier 2 Generic             |   |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                  | Tier 2 Generic             |   |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                 | Tier 2 Generic             |   |
| <b>Antiparkinsonism Drugs,Other</b>                           |                            |   |
| <i>amantadine hcl oral capsule 100 mg</i>                     | Tier 2 Generic             |   |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                | Tier 2 Generic             |   |
| <i>amantadine hcl oral tablet 100 mg</i>                      | Tier 2 Generic             |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine)        | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.              |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN) | Tier 5 Specialty           | PA; SP   |
| AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>bromocriptine oral capsule 5 mg</i>                      | Tier 2 Generic             |  |
| <i>bromocriptine oral tablet 2.5 mg</i>                     | Tier 2 Generic             |  |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)   | Tier 2 Generic             |  |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)     | Tier 2 Generic             |  |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>             | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>   | Tier 2 Generic             |   |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>   | Tier 2 Generic             |   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Tier 2 Generic             |   |
| CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)   |
| CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 52.5-210 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)  |
| CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 70-280 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)   |
| CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 87.5-350 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)   |
| DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML   | Tier 5 Specialty           | PA; SP  |



| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| <i>entacapone oral tablet 200 mg</i>  | Tier 2 Generic             |  |
| MIRAPEX ER ORAL TABLET (pramipexole)<br>EXTENDED RELEASE 24 HR 1.5 MG,<br>2.25 MG, 3 MG, 3.75 MG                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | Tier 3 Preferred Brand     | ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)  |
| NOURIANZ ORAL TABLET 20 MG, 40 MG   | Tier 5 Specialty           | PA; SP   |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML  | Tier 5 Specialty           | PA; SP   |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG  | Tier 4 Non-Preferred Brand | PA   |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                     | Tier 2 Generic             |  |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>                                     | Tier 2 Generic             | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>pramipexole oral tablet extended release</i> (Mirapex ER)<br>24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg | Tier 2 Generic             | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)   |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)   | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                          | Tier 2 Generic             |   |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                   | Tier 2 Generic             | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)   |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG          | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)  |
| <i>selegiline hcl oral capsule 5 mg</i>  | Tier 2 Generic             |   |
| <i>selegiline hcl oral tablet 5 mg</i>   | Tier 2 Generic             |   |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |             | Status                     | Notes  |
|--|-------------|----------------------------|--|
| TASMAR ORAL TABLET 100 MG                                  | (tolcapone) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day) |
| <i>tolcapone oral tablet 100 mg</i>                        | (Tasmar)    | Tier 2 Generic             | ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)  |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML |             | Tier 5 Specialty           | PA; SP   |
| XADAGO ORAL TABLET 100 MG, 50 MG                           |             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR/CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)  |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG                 |             | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)   |
| <b>Decarboxylase Inhibitors</b>                            |             |                            |  |
| <i>carbidopa oral tablet 25 mg</i>                         | (Lodosyn)   | Tier 2 Generic             |  |

| Drug   |  | Status                     | Notes   |
|--|--|----------------------------|---|
| LODOSYN ORAL TABLET 25 MG (carbidopa)  |  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Seizure Disorder</b>  |  |                            |   |
| <b>Anticonvulsant - Benzodiazepine Type</b>                                  |  |                            |   |
| clobazam oral suspension 2.5 mg/ml (Onfi)                                    |  | Tier 2 Generic             | QL (480 ML per 30 days)   |
| clobazam oral tablet 10 mg, 20 mg (Onfi)                                     |  | Tier 2 Generic             | QL (2 EA per 1 day)   |
| clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)                         |  | Tier 2 Generic             |   |
| clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg |  | Tier 2 Generic             |   |
| diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg                  |  | Tier 2 Generic             |   |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)                         |  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                    |  | Tier 4 Non-Preferred Brand | QL (10 EA per 30 days)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | Tier 4 Non-Preferred Brand | QL (10 EA per 30 days)   |
| ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (480 ML per 30 days) |
| ONFI ORAL TABLET 10 MG, 20 MG (clobazam)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)     |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 4 Non-Preferred Brand | QL (10 EA per 30 days)   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Anticonvulsant - Cannabinoid Type</b>     |                            |   |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML            | Tier 5 Specialty           | SP; ST: Requires prior prescriptions or contraindication to 2 of the following generic anticonvulsants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days   |
| <b>Anticonvulsants</b>                       |                            |   |
| APTiom ORAL TABLET 200 MG, 400 MG            | Tier 4 Non-Preferred Brand | QL (1 EA per 1 day)   |
| APTiom ORAL TABLET 600 MG, 800 MG            | Tier 4 Non-Preferred Brand | QL (2 EA per 1 day)   |
| BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day) |

| Drug                                   | Status                     | Notes   |
|--|----------------------------|---|
| BANZEL ORAL TABLET 200 MG (rufinamide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day) |
| BANZEL ORAL TABLET 400 MG (rufinamide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| BRIVIACT ORAL SOLUTION 10 MG/ML  | Tier 3 Preferred Brand     | QL (600 ML per 30 days)   |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                                      | Tier 3 Preferred Brand     | QL (2 EA per 1 day)   |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)    | Tier 2 Generic             |   |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                                  | Tier 2 Generic             |   |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol)   | Tier 2 Generic             |   |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | Tier 2 Generic             |   |
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>                                    | Tier 2 Generic             |   |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)           | Tier 3 Preferred Brand     |   |
| CELONTIN ORAL CAPSULE 300 MG (methsuximide)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)                   | Tier 3 Preferred Brand     |   |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)            | Tier 3 Preferred Brand     |   |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)                    | Tier 3 Preferred Brand     |   |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG   | Tier 5 Specialty           | PA; SP  |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG  | Tier 5 Specialty           | PA; SP  |



| Drug  |                             | Status                     | Notes  |
|---|-----------------------------|----------------------------|--|
| DILANTIN EXTENDED ORAL CAPSULE 100 MG   | (phenytoin sodium extended) | Tier 3 Preferred Brand     |  |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG                                  | (phenytoin)                 | Tier 3 Preferred Brand     |  |
| DILANTIN ORAL CAPSULE 30 MG   |                             | Tier 4 Non-Preferred Brand |  |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML                                      | (phenytoin)                 | Tier 3 Preferred Brand     |  |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                   | (Depakote Sprinkles)        | Tier 2 Generic             |  |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>           | (Depakote ER)               | Tier 2 Generic             |  |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> | (Depakote)                  | Tier 2 Generic             |  |
| EPITOL ORAL TABLET 200 MG   | (carbamazepine)             | Tier 2 Generic             |  |
| EPRONTIA ORAL SOLUTION 25 MG/ML   |                             | Tier 4 Non-Preferred Brand | PA   |
| <i>ethosuximide oral capsule 250 mg</i>                                       | (Zarontin)                  | Tier 2 Generic             |  |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                 | (Zarontin)                  | Tier 2 Generic             |  |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                  |                             | Tier 2 Generic             | QL (30 ML per 1 day)   |
| <i>felbamate oral tablet 400 mg</i>   | (Felbatol)                  | Tier 2 Generic             | QL (9 EA per 1 day)  |
| <i>felbamate oral tablet 600 mg</i>   | (Felbatol)                  | Tier 2 Generic             | QL (6 EA per 1 day)  |
| FELBATOL ORAL TABLET 400 MG   | (felbamate)                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 EA per 1 day) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| FELBATOL ORAL TABLET 600 MG (felbamate)                           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day) |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                 | Tier 3 Preferred Brand     | QL (680 ML per 28 days)  |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG                            | Tier 3 Preferred Brand     | QL (30 EA per 30 days)   |
| FYCOMPA ORAL TABLET 2 MG  | Tier 3 Preferred Brand     | QL (120 EA per 30 days)  |
| FYCOMPA ORAL TABLET 4 MG, 6 MG                                    | Tier 3 Preferred Brand     | QL (60 EA per 30 days)   |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin) | Tier 2 Generic             |  |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)           | Tier 2 Generic             |  |
| <i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>                | Tier 2 Generic             |  |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)          | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| KEPPRA XR ORAL TABLET (levetiracetam)<br>EXTENDED RELEASE 24 HR 500 MG,<br>750 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)                                 | Tier 2 Generic             | QL (1200 ML per 30 days)   |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)              | Tier 2 Generic             | QL (2 EA per 1 day)  |
| LAMICTAL ODT ORAL (lamotrigine)<br>TABLET,DISINTEGRATING 100 MG                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| LAMICTAL ODT ORAL (lamotrigine)<br>TABLET,DISINTEGRATING 200 MG       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |
| LAMICTAL ODT ORAL (lamotrigine)<br>TABLET,DISINTEGRATING 25 MG, 50 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |

| Drug   | Status                            | Notes  |
|--|-----------------------------------|--|
| <p>LAMICTAL ODT STARTER (BLUE)<br/>ORAL TABLET DISINTEGRATING,<br/>DOSE PK 25 MG (21) -50 MG (7)</p> <p>(lamotrigine)</p>    | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days</p> |
| <p>LAMICTAL ODT STARTER (GREEN)<br/>ORAL TABLET DISINTEGRATING,<br/>DOSE PK 50 MG (42) -100 MG (14)</p> <p>(lamotrigine)</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days</p> |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LAMICTAL ODT STARTER (ORANGE) (lamotrigine)<br>ORAL TABLET DISINTEGRATING,<br>DOSE PK 25 MG(14)-50 MG (14)-100<br>MG (7) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LAMICTAL ORAL TABLET, CHEWABLE (lamotrigine)<br>DISPERSIBLE 25 MG, 5 MG        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LAMICTAL STARTER (BLUE) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG (35) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| LAMICTAL STARTER (GREEN) KIT<br>ORAL TABLETS,DOSE PACK 25 MG<br>(84) -100 MG (14) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LAMICTAL STARTER (ORANGE) KIT<br>ORAL TABLETS,DOSE PACK 25 MG<br>(42) -100 MG (7) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                            | Notes   |
|---|-----------------------------------|---|
| <p>LAMICTAL XR ORAL TABLET (lamotrigine)<br/>EXTENDED RELEASE 24HR 100 MG</p>                 | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)</p> |
| <p>LAMICTAL XR ORAL TABLET (lamotrigine)<br/>EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)</p> |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| LAMICTAL XR ORAL TABLET (lamotrigine)<br>EXTENDED RELEASE 24HR 25 MG, 50 MG  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)                                    | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days   |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)                         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days   |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)                         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days   |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)  | Tier 2 Generic             |  |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))             | Tier 2 Generic             | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days   |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | Tier 2 Generic             | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days   |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))          | Tier 2 Generic             | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days   |

| Drug  | Status         | Notes   |
|---|----------------|---|
| <i>lamotrigine oral tablet extended release</i> (Lamictal XR)<br>24hr 100 mg                      | Tier 2 Generic | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| <i>lamotrigine oral tablet extended release</i> (Lamictal XR)<br>24hr 200 mg, 250 mg, 300 mg      | Tier 2 Generic | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |
| <i>lamotrigine oral tablet extended release</i> (Lamictal XR)<br>24hr 25 mg, 50 mg                | Tier 2 Generic | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| <i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)                       | Tier 2 Generic |   |
| <i>lamotrigine oral tablet, disintegrating</i> 100 mg (Lamictal ODT)                              | Tier 2 Generic | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| <i>lamotrigine oral tablet, disintegrating</i> 200 mg (Lamictal ODT)                              | Tier 2 Generic | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |
| <i>lamotrigine oral tablet, disintegrating</i> 25 mg, 50 mg (Lamictal ODT)                        | Tier 2 Generic | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| <i>lamotrigine oral tablets, dose pack</i> 25 mg (35) (Lamictal Starter (Blue) Kit)               | Tier 2 Generic |   |
| <i>lamotrigine oral tablets, dose pack</i> 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit) | Tier 2 Generic |   |
| <i>lamotrigine oral tablets, dose pack</i> 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit) | Tier 2 Generic |   |
| <i>levetiracetam oral solution</i> 100 mg/ml (Keppra)   | Tier 2 Generic |   |
| <i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)                        | Tier 2 Generic |   |
| <i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)                | Tier 2 Generic |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)   | Tier 2 Generic             |   |
| MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG                         | Tier 4 Non-Preferred Brand | PA  |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal) | Tier 2 Generic             |   |
| oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)     | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR) | Tier 2 Generic             | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)  |
| <i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)         | Tier 2 Generic             | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)  |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day) |



| Drug   |                             | Status                     | Notes  |
|--|-----------------------------|----------------------------|--|
| OXTELLAR XR ORAL TABLET (oxcarbazepine)<br>EXTENDED RELEASE 24 HR 600 MG                   |                             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG   | (phenytoin sodium extended) | Tier 3 Preferred Brand     |  |
| <i>phenytoin oral suspension 125 mg/5 ml</i>   | (Dilantin-125)              | Tier 2 Generic             |  |
| <i>phenytoin oral tablet, chewable 50 mg</i>   | (Dilantin Infatabs)         | Tier 2 Generic             |  |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                                       | (Dilantin Extended)         | Tier 2 Generic             |  |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>                               | (Phenytek)                  | Tier 2 Generic             |  |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | (Lyrica)                    | Tier 2 Generic             |  |
| <i>pregabalin oral solution 20 mg/ml</i>   | (Lyrica)                    | Tier 2 Generic             |  |
| <i>primidone oral tablet 125 mg</i>  |                             | Tier 2 Generic             |  |
| <i>primidone oral tablet 250 mg, 50 mg</i>   | (Mysoline)                  | Tier 2 Generic             |  |

| Drug   | Status                            | Notes  |
|--|-----------------------------------|--|
| <p>QUDEXY XR ORAL (topiramate)<br/>CAPSULE,SPRINKLE,ER 24HR 100<br/>MG, 25 MG, 50 MG</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)</p> |
| <p>QUDEXY XR ORAL (topiramate)<br/>CAPSULE,SPRINKLE,ER 24HR 150<br/>MG, 200 MG</p>       | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)</p> |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ROWEEPRA ORAL TABLET 500 MG (levetiracetam)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)                           | Tier 2 Generic             | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)  |

| Drug   |                 | Status                     | Notes   |
|--|-----------------|----------------------------|---|
| <i>rufinamide oral tablet 200 mg</i>   | (Banzel)        | Tier 2 Generic             | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)  |
| <i>rufinamide oral tablet 400 mg</i>   | (Banzel)        | Tier 2 Generic             | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)   |
| SABRIL ORAL POWDER IN PACKET 500 MG  | (vigabatrin)    | Tier 5 Specialty           | PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SABRIL ORAL TABLET 500 MG  | (vigabatrin)    | Tier 5 Specialty           | PA; SP  |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG                          | (lamotrigine)   | Tier 4 Non-Preferred Brand |   |
| SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)               | (lamotrigine)   | Tier 4 Non-Preferred Brand |   |
| SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | (lamotrigine)   | Tier 4 Non-Preferred Brand |   |
| SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | (lamotrigine)   | Tier 4 Non-Preferred Brand |   |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML   | (carbamazepine) | Tier 3 Preferred Brand     |   |
| TEGRETOL ORAL TABLET 200 MG  | (carbamazepine) | Tier 3 Preferred Brand     |   |

| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| TEGRETOL XR ORAL TABLET (carbamazepine)<br>EXTENDED RELEASE 12 HR 100 MG,<br>200 MG, 400 MG | Tier 3 Preferred<br>Brand      |   |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>  | Tier 2 Generic                 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)   |
| <i>tiagabine oral tablet 16 mg</i>  | Tier 2 Generic                 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)   |
| TOPAMAX ORAL CAPSULE, (topiramate)<br>SPRINKLE 15 MG, 25 MG                                 | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)                    | Tier 2 Generic             |   |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                                     | Tier 2 Generic             |   |
| <i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR) | Tier 2 Generic             | QL (2 EA per 1 day)   |
| <i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)          | Tier 2 Generic             | QL (8 EA per 1 day)   |
| <i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)          | Tier 2 Generic             | QL (4 EA per 1 day)   |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR) | Tier 2 Generic             | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)  |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)       | Tier 2 Generic             | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)  |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)               | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                            | Notes   |
|---|-----------------------------------|---|
| <p>TROKENDI XR ORAL (topiramate)<br/>CAPSULE,EXTENDED RELEASE 24HR<br/>100 MG, 200 MG</p> | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)</p> |
| <p>TROKENDI XR ORAL (topiramate)<br/>CAPSULE,EXTENDED RELEASE 24HR<br/>25 MG</p>          | <p>Tier 4 Non-Preferred Brand</p> | <p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (8 EA per 1 day)</p> |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| TROKENDI XR ORAL (topiramate)<br>CAPSULE,EXTENDED RELEASE 24HR<br>50 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)      |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>         | Tier 2 Generic             |   |
| <i>valproic acid oral capsule 250 mg</i>                                | Tier 2 Generic             |   |
| <i>vigabatrin oral powder in packet 500 mg</i> (Sabril)                 | Tier 5 Specialty           | PA; SP  |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril)                           | Tier 5 Specialty           | PA; SP  |
| VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)                     | Tier 5 Specialty           | PA; SP  |
| VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)                      | Tier 5 Specialty           | PA; SP  |
| VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)                              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1200 ML per 30 days) |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |
| VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)  | Tier 3 Preferred Brand     |  |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1- 100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)                     | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG  | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |
| XCOPRI ORAL TABLET 200 MG  | Tier 3 Preferred Brand     | QL (2 EA per 1 day)  |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | Tier 3 Preferred Brand     | QL (1 EA per 1 day)  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                            | Tier 4 Non-Preferred Brand | PA  |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)         | Tier 2 Generic             |   |
| <i>zonisamide oral capsule 50 mg</i>                            | Tier 2 Generic             |   |
| <b>Skeletal Muscle Disorder</b>                                 |                            |   |
| <b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>       |                            |   |
| <i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)             | Tier 5 Specialty           | PA; SP  |
| KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)                    | Tier 5 Specialty           | PA; SP  |
| <b>Joint Contracture Therapy, Collagenase Enzyme</b>            |                            |   |
| XIAFLEX INJECTION RECON SOLN 0.9 MG                             | Tier 5 Specialty           | SP  |
| <b>Retinoic Acid Receptor (Rar) Agonists</b>                    |                            |   |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG          | Tier 5 Specialty           | PA; SP  |
| <b>Skeletal Muscle Relaxants</b>                                |                            |   |
| <i>baclofen oral solution 10 mg/5 ml</i> (2 mg/ml) (Ozobax DS)  | Tier 2 Generic             | PA  |
| <i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)                | Tier 2 Generic             | PA  |
| <i>baclofen oral suspension 25 mg/5 ml</i> (5 mg/ml) (Fleqsuvy) | Tier 2 Generic             | PA  |
| <i>baclofen oral tablet 10 mg</i>                               | Tier 2 Generic             | QL (8 EA per 1 day)   |
| <i>baclofen oral tablet 20 mg</i>                               | Tier 2 Generic             | QL (4 EA per 1 day)   |
| <i>baclofen oral tablet 5 mg</i>                                | Tier 2 Generic             | QL (16 EA per 1 day)  |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)           | Tier 2 Generic             | QL (4 EA per 1 day)   |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>              | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>chlorzoxazone oral tablet 500 mg</i>                  | Tier 2 Generic             | QL (4 EA per 1 day)  |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>           | Tier 2 Generic             | QL (3 EA per 1 day)  |
| DANTRIUM ORAL CAPSULE 25 MG (dantrolene)                 | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 1 day) |
| <i>dantrolene oral capsule 100 mg</i>                    | Tier 2 Generic             | QL (4 EA per 1 day)  |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)          | Tier 2 Generic             | QL (3 EA per 1 day)  |
| <i>dantrolene oral capsule 50 mg</i>                     | Tier 2 Generic             | QL (3 EA per 1 day)  |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen) | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                  |
| <i>metaxalone oral tablet 400 mg</i>                     | Tier 2 Generic             | QL (8 EA per 1 day)  |
| <i>metaxalone oral tablet 800 mg</i>                     | Tier 2 Generic             | QL (4 EA per 1 day)  |
| <i>methocarbamol oral tablet 500 mg</i>                  | Tier 2 Generic             | QL (8 EA per 1 day)  |
| <i>methocarbamol oral tablet 750 mg</i>                  | Tier 2 Generic             | QL (6 EA per 1 day)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| NORGESIC ORAL TABLET 25-385-30 MG (orphenadrine-asa-caffeine)        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (8 EA per 1 day) |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>      | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic) | Tier 2 Generic             | QL (8 EA per 1 day)  |
| OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)                            | Tier 4 Non-Preferred Brand | PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |
| <i>tizanidine oral capsule 2 mg</i> (Zanaflex) | Tier 2 Generic             | QL (18 EA per 1 day)   |
| <i>tizanidine oral capsule 4 mg</i> (Zanaflex) | Tier 2 Generic             | QL (9 EA per 1 day)  |
| <i>tizanidine oral capsule 6 mg</i> (Zanaflex) | Tier 2 Generic             | QL (6 EA per 1 day)  |
| <i>tizanidine oral tablet 2 mg</i>             | Tier 2 Generic             | QL (18 EA per 1 day)   |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)  | Tier 2 Generic             | QL (9 EA per 1 day)  |
| VANADOM ORAL TABLET 350 MG (carisoprodol)      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day) |

| Drug                                    | Status                     | Notes   |
|---|----------------------------|---|
| ZANAFLEX ORAL CAPSULE 2 MG (tizanidine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 EA per 1 day) |
| ZANAFLEX ORAL CAPSULE 4 MG (tizanidine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 EA per 1 day)  |



| Drug   |              | Status                     | Notes  |
|--|--------------|----------------------------|--|
| ZANAFLEX ORAL CAPSULE 6 MG                               | (tizanidine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day) |
| ZANAFLEX ORAL TABLET 4 MG                                | (tizanidine) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 EA per 1 day) |
| <b>Smoking Cessation</b>                                 |              |                            |  |
| <b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b> |              |                            |  |
| <i>nicotine (polacrilex) buccal gum 2 mg</i>             | (Quit 2)     | Tier 1 EHB/ACA             | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |

| Drug   | Status         | Notes  |
|--|----------------|--|
| <i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)                                    | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)                                    | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)                      | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ) | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER   |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>                     | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER   |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML  | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, NICOTINE TRANSDERMAL PATCH REQUIRED, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days) |
| QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))   | Tier 1 EHB/ACA | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |

| Drug  | Status                 | Notes   |
|---|------------------------|---|
| QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))  | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))  | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))  | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| <b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>   |                        |   |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)  | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)  | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <b>Smoking Deterrents, Other</b>  |                        |   |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>  | Tier 1 EHB/ACA         | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                      |
| <b>Upper Gastrointestinal Disorders - Digestive</b>   |                        |   |
| <b>Pancreatic Enzymes</b>   |                        |   |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | Tier 3 Preferred Brand |   |

| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| PANCREAZE ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,500-35,500-<br>61,500 UNIT, 16,800-56,800- 98,400<br>UNIT, 2,600-8,800- 15,200 UNIT,<br>21,000-54,700- 83,900 UNIT, 37,000-<br>97,300- 149,900 UNIT, 4,200-14,200-<br>24,600 UNIT  | Tier 4 Non-<br>Preferred Brand |   |
| PERTZYE ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 16,000-57,500-<br>60,500 UNIT, 24,000-86,250- 90,750<br>UNIT, 4,000-14,375- 15,125 UNIT,<br>8,000-28,750- 30,250 UNIT  | Tier 4 Non-<br>Preferred Brand |   |
| VIOKACE ORAL TABLET 10,440-<br>39,150- 39,150 UNIT, 20,880-78,300-<br>78,300 UNIT   | Tier 4 Non-<br>Preferred Brand |   |
| ZENPEP ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,000-32,000 -<br>42,000 UNIT, 15,000-47,000 -63,000<br>UNIT, 20,000-63,000- 84,000 UNIT,<br>25,000-79,000- 105,000 UNIT, 3,000-<br>10,000 -14,000-UNIT, 40,000-126,000-<br>168,000 UNIT, 5,000-17,000- 24,000<br>UNIT, 60,000-189,600- 252,600 UNIT | Tier 3 Preferred<br>Brand      |   |
| <b>Upper Gastrointestinal Disorders -<br/>Spastic Disease</b>   |                                |   |
| <b>Anticholinergics/Antispasmodics</b>  |                                |   |
| <i>dicyclomine oral capsule 10 mg</i>   | Tier 2 Generic                 |   |
| <i>dicyclomine oral solution 10 mg/5 ml</i>   | Tier 2 Generic                 |   |
| <i>dicyclomine oral tablet 20 mg</i>  | Tier 2 Generic                 |   |
| <b>Belladonna Alkaloids</b>   |                                |   |
| ANASPAZ ORAL (hyoscyamine sulfate)<br>TABLET,DISINTEGRATING 0.125 MG  | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                       | Status                     | Notes   |
|--|-----------------------|----------------------------|---|
| ED-SPAZ ORAL<br>TABLET,DISINTEGRATING 0.125 MG                         | (hyoscyamine sulfate) | Tier 2 Generic             |   |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>                      | (Hyosyne)             | Tier 2 Generic             |   |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>                   | (Hyosyne)             | Tier 2 Generic             |   |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                        | (Oscimin)             | Tier 2 Generic             |   |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> | (Levbid)              | Tier 2 Generic             |   |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>         | (Ed-Spaz)             | Tier 2 Generic             |   |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>                  | (Oscimin SL)          | Tier 2 Generic             |   |
| HYOSYNE ORAL DROPS 0.125 MG/ML   | (hyoscyamine sulfate) | Tier 2 Generic             |   |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML                                      | (hyoscyamine sulfate) | Tier 2 Generic             |   |
| LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG                     | (hyoscyamine sulfate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>            | Tier 2 Generic             |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| NULEV ORAL<br>TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)  | Tier 2 Generic             |   |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                       | Tier 2 Generic             |   |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate) | Tier 4 Non-Preferred Brand |   |
| SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| SYMAX-SL SUBLINGUAL TABLET (hyoscyamine sulfate)<br>0.125 MG                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SYMAX-SR ORAL TABLET EXTENDED (hyoscyamine sulfate)<br>RELEASE 12 HR 0.375 MG        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Upper Gastrointestinal Disorders - Ulcer Disease</b>                              |                            |   |
| <b>Anticholinergics, Quaternary Ammonium</b>   |                            |   |
| <i>chlordiazepoxide-clidinium oral capsule</i> (Librax (with clidinium))<br>5-2.5 mg | Tier 2 Generic             |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)                    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG                                      | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)  |
| <i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF) | Tier 2 Generic             |   |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)             | Tier 2 Generic             |   |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)                                | Tier 2 Generic             |   |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)                          | Tier 2 Generic             |   |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))        | Tier 4 Non-Preferred Brand |   |

| Drug  |                              | Status                     | Notes   |
|---|------------------------------|----------------------------|---|
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG | (chlordiazepoxide-clidinium) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| ROBINUL FORTE ORAL TABLET 2 MG                | (glycopyrrolate)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| ROBINUL ORAL TABLET 1 MG (glycopyrrolate)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Anti-Ulcer Preparations</b>                  |                            |   |
| CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| CARAFATE ORAL TABLET 1 GRAM (sucralfate)                                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)                         | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)                  | Tier 2 Generic             |   |
| <i>sucralfate oral suspension 100 mg/ml</i> (Carafate)                     | Tier 2 Generic             |   |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)                            | Tier 2 Generic             |   |
| <b>Anti-Ulcer-H.Pylori Agents</b>  |                            |   |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>        | Tier 2 Generic             | QL (112 EA per 10 days)   |
| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera) | Tier 2 Generic             |   |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)                    | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)       | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG                | Tier 4 Non-Preferred Brand | QL (168 EA per 14 days); Age (Min 18 Years)   |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)                 | Tier 4 Non-Preferred Brand | PA  |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG                         | Tier 4 Non-Preferred Brand | PA  |
| <b>Histamine H2-Receptor Inhibitors</b>                                   |                            |   |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                           | Tier 2 Generic             |   |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))          | Tier 2 Generic             |   |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                      | Tier 2 Generic             |   |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | Tier 2 Generic             |   |
| <i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)                       | Tier 2 Generic             |   |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                             | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| <b>Intestinal Motility Stimulants</b>                      |                            |  |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>          | Tier 2 Generic             |  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | Tier 2 Generic             |  |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)     | Tier 2 Generic             | QL (1 EA per 1 day)  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.                      |
| <b>Potassium-Competitive Acid Blockers (Pcabs)</b>               |                            |  |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                | Tier 4 Non-Preferred Brand | PA   |
| <b>Proton-Pump Inhibitors</b>                                    |                            |  |
| ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG         | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| DEXILANT ORAL CAPSULE,BIPHASE (dexlansoprazole)<br>DELAYED RELEAS 30 MG, 60 MG                               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)                           | Tier 2 Generic             | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)  |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium)                             | Tier 2 Generic             | QL (1 EA per 1 day)  |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)                             | Tier 2 Generic             | QL (2 EA per 1 day)  |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet) | Tier 2 Generic             | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (1 EA per 1 day)   |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                      | Tier 2 Generic             | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (2 EA per 1 day)   |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))                  | Tier 2 Generic             |  |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)                                     | Tier 2 Generic             |  |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <i>lansoprazole oral tablet,disintegrat, delay</i> (Prevacid SoluTab)<br><i>rel 15 mg, 30 mg</i> | Tier 2 Generic             | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days  |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day) |

| Drug   |                             | Status                         | Notes   |
|--|-----------------------------|--------------------------------|---|
| NEXIUM PACKET ORAL GRANULES<br>DR FOR SUSP IN PACKET 10 MG, 20<br>MG | (esomeprazole<br>magnesium) | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| NEXIUM PACKET ORAL GRANULES<br>DR FOR SUSP IN PACKET 2.5 MG, 5<br>MG | (esomeprazole<br>magnesium) | Tier 3 Preferred<br>Brand      | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (1 EA per 1 day)  |

| Drug   |                             | Status                         | Notes   |
|--|-----------------------------|--------------------------------|---|
| NEXIUM PACKET ORAL GRANULES<br>DR FOR SUSP IN PACKET 40 MG                     | (esomeprazole<br>magnesium) | Tier 4 Non-<br>Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (2 EA per 1 day) |
| <i>omeprazole oral capsule, delayed<br/>release(dr/ec) 10 mg, 20 mg, 40 mg</i> |                             | Tier 2 Generic                 |   |
| <i>omeprazole-sodium bicarbonate oral<br/>capsule 20-1.1 mg-gram</i>           | (Zegerid OTC)               | Tier 2 Generic                 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)   |
| <i>omeprazole-sodium bicarbonate oral<br/>capsule 40-1.1 mg-gram</i>           |                             | Tier 2 Generic                 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)   |
| <i>pantoprazole oral granules dr for susp in<br/>packet 40 mg</i>              | (Protonix)                  | Tier 2 Generic                 | ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days   |
| <i>pantoprazole oral tablet, delayed release<br/>(dr/ec) 20 mg, 40 mg</i>      | (Protonix)                  | Tier 2 Generic                 |   |

| Drug  | Status                     | Notes  |
|---|----------------------------|--|
| PREVACID ORAL CAPSULE,DELAYED (lansoprazole)<br>RELEASE(DR/EC) 30 MG                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| PREVACID SOLUTAB ORAL (lansoprazole)<br>TABLET,DISINTEGRAT, DELAY REL<br>15 MG, 30 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days |
| PRILOSEC ORAL SUSP,DELAYED<br>RELEASE FOR RECON 10 MG, 2.5 MG                         | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days  |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| PROTONIX ORAL GRANULES DR FOR (pantoprazole)<br>SUSP IN PACKET 40 MG           | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days |
| PROTONIX ORAL TABLET,DELAYED (pantoprazole)<br>RELEASE (DR/EC) 20 MG, 40 MG    | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle) | Tier 2 Generic             | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)   |

| Drug  |                                 | Status                     | Notes  |
|---|---------------------------------|----------------------------|--|
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> | (AcipHex)                       | Tier 2 Generic             | QL (1 EA per 1 day)  |
| ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM           | (omeprazole-sodium bicarbonate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| <b>Urinary Tract - Functional Disorders</b>                   |                                 |                            |  |
| <b>Benign Prostatic Hypertrophy/Micturition Agents</b>        |                                 |                            |  |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>     | (Uroxatral)                     | Tier 2 Generic             |  |
| AVODART ORAL CAPSULE 0.5 MG                                   | (dutasteride)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.  |

| Drug                                   |               | Status                     | Notes   |
|--|---------------|----------------------------|---|
| <i>dutasteride oral capsule 0.5 mg</i> | (Avodart)     | Tier 2 Generic             |   |
| <i>finasteride oral tablet 5 mg</i>    | (Proscar)     | Tier 2 Generic             |   |
| FLOMAX ORAL CAPSULE 0.4 MG             | (tamsulosin)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PROSCAR ORAL TABLET 5 MG               | (finasteride) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   |                         | Status                     | Notes   |
|--|-------------------------|----------------------------|---|
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG                          | (silodosin)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                 | (Rapaflo)               | Tier 2 Generic             |   |
| <i>tamsulosin oral capsule 0.4 mg</i>                    | (Flomax)                | Tier 2 Generic             |   |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG       | (alfuzosin)             | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb</b> |                         |                            |   |
| ENTADFI ORAL CAPSULE 5-5 MG                              | (finasteride-tadalafil) | Tier 4 Non-Preferred Brand | PA  |
| <i>finasteride-tadalafil oral capsule 5-5 mg</i>         | (Entadfi)               | Tier 2 Generic             | PA  |



| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>                                 |                            |  |
| <i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn)<br><i>multiphase 24 hr 0.5-0.4 mg</i> | Tier 2 Generic             | ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days  |
| JALYN ORAL CAPSULE, ER<br>MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days |
| <b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>                                     |                            |  |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG  | Tier 5 Specialty           | SP   |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG                                   | Tier 5 Specialty           | PA; SP   |
| <b>Endothelin-Angiotensin Receptor Antagonist</b>  |                            |  |
| FILSPARI ORAL TABLET 200 MG, 400 MG  | Tier 5 Specialty           | PA; SP   |
| <b>Kidney Stone Agents</b>   |                            |  |
| <i>tiopronin oral tablet 100 mg</i> (Thiola)   | Tier 5 Specialty           | SP   |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)             | Tier 5 Specialty           | SP   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| <b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>                      |                            |  |
| GEMTESA ORAL TABLET 75 MG  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days; QL (1 EA per 1 day)  |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML                           | Tier 3 Preferred Brand     |  |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)         | Tier 2 Generic             | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>                         |                            |  |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)                        | Tier 5 Specialty           | PA; SP   |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML                         | Tier 5 Specialty           | PA; SP   |
| <b>Urinary Ph Modifiers</b>  |                            |  |
| K-PHOS NO 2 ORAL TABLET 305-700 MG   | Tier 4 Non-Preferred Brand |  |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG                                     | Tier 4 Non-Preferred Brand |  |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)              | Tier 4 Non-Preferred Brand |  |
| potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10) | Tier 2 Generic             |  |
| potassium citrate oral tablet extended release 15 meq (Urocit-K 15)            | Tier 2 Generic             |  |
| potassium citrate oral tablet extended release 5 meq (540 mg)                  | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| RENACIDIN IRRIGATION SOLUTION<br>1980.6 MG-59.4 MG-980.4MG/30ML                   | Tier 4 Non-Preferred Brand |   |
| <i>sodium citrate-citric acid oral solution</i> (Oracit)<br>490-640 mg/5 ml       | Tier 2 Generic             |   |
| UROCIT-K 10 ORAL TABLET (potassium citrate)<br>EXTENDED RELEASE 10 MEQ (1,080 MG) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| UROCIT-K 15 ORAL TABLET (potassium citrate)<br>EXTENDED RELEASE 15 MEQ            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| UROQID-ACID NO.2 ORAL TABLET<br>500-500 MG  | Tier 4 Non-Preferred Brand |   |
| <b>Urinary Tract Analgesic Agents</b>   |                            |   |
| ELMIRON ORAL CAPSULE 100 MG   | Tier 3 Preferred Brand     | PA  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>            |                            |   |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)        | Tier 2 Generic             |   |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)               | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>           |                            |   |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> | Tier 2 Generic             |   |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)               | Tier 2 Generic             |   |
| VESICARE LS ORAL SUSPENSION 1 MG/ML                                 | Tier 4 Non-Preferred Brand | PA  |
| VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)                      | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Urinary Tract<br/>Antispasmodic/Antiincontinence Agent</b>                   |                            |   |
| DETROL LA ORAL (tolterodine)<br>CAPSULE,EXTENDED RELEASE 24HR<br>2 MG, 4 MG     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| DETROL ORAL TABLET 1 MG, 2 MG (tolterodine)                                     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>fesoterodine oral tablet extended release</i> (Toviaz)<br>24 hr 4 mg, 8 mg   | Tier 2 Generic             | QL (1 EA per 1 day)   |
| <i>flavoxate oral tablet 100 mg</i>   | Tier 2 Generic             |   |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | Tier 2 Generic             |   |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>                             | Tier 2 Generic             |   |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 2 Generic             |   |

| Drug   | Status                     | Notes  |
|--|----------------------------|--|
| OXYTROL TRANSDERMAL PATCH<br>SEMIWEEKLY 3.9 MG/24 HR                   | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days   |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>      | Tier 2 Generic             |  |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                              | Tier 2 Generic             |  |
| TOVIAZ ORAL TABLET EXTENDED (fesoterodine)<br>RELEASE 24 HR 4 MG, 8 MG | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day) |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>              | Tier 2 Generic             |  |
| <i>trospium oral tablet 20 mg</i>                                      | Tier 2 Generic             |  |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Vaginal Disorders</b>  |                            |   |
| <b>Vaginal Antibiotics</b>  |                            |   |
| CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)                   | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                  | Tier 4 Non-Preferred Brand | ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)   |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)            | Tier 2 Generic             |   |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %                        | Tier 4 Non-Preferred Brand | ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days  |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole) | Tier 2 Generic             |   |
| <i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuversa)     | Tier 2 Generic             |   |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)            | Tier 4 Non-Preferred Brand |   |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)<br>(37.5MG/5 GRAM) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <b>Vaginal Antifungals</b>                                      |                            |   |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                    | Tier 3 Preferred Brand     |   |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG                         | Tier 2 Generic             |   |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                   | Tier 2 Generic             |   |
| <i>terconazole vaginal suppository 80 mg</i>                    | Tier 2 Generic             |   |
| <b>Vaginal Antiseptics</b>                                      |                            |   |
| FEM PH VAGINAL GEL 0.9-0.025 %                                  | Tier 4 Non-Preferred Brand |   |
| RELAGARD VAGINAL GEL 0.9-0.025 %                                | Tier 4 Non-Preferred Brand |   |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %                        | Tier 4 Non-Preferred Brand |   |



| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| <b>Vaginal Estrogen Preparations</b>                          |                            |   |
| ESTRACE VAGINAL CREAM 0.01 % (estradiol)<br>(0.1 MG/GRAM)     | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace) | Tier 2 Generic             |   |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)             | Tier 2 Generic             |   |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)                  | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days)   |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR              | Tier 4 Non-Preferred Brand | ST: Requires prior prescriptions for Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days)   |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                          | Tier 3 Preferred Brand     |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| VAGIFEM VAGINAL TABLET 10 MCG (estradiol)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| YUVAFEM VAGINAL TABLET 10 MCG (estradiol)  | Tier 2 Generic             |   |
| <b>Vitamin And/Or Mineral Deficiency</b>   |                            |   |
| <b>Fluoride Preparations</b>   |                            |   |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))  | Tier 4 Non-Preferred Brand |   |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))   | Tier 2 Generic             |   |
| DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)   | Tier 2 Generic             |   |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))  | Tier 2 Generic             |   |
| <i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)  | Tier 2 Generic             |   |
| <i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)   | Tier 2 Generic             |   |
| <i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)   | Tier 2 Generic             |   |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PrevuDent)   | Tier 2 Generic             |   |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)  | Tier 1 EHB/ACA             | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS  |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride) | Tier 1 EHB/ACA             | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS  |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))   | Tier 4 Non-Preferred Brand |   |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)  | Tier 4 Non-Preferred Brand |   |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))  | Tier 4 Non-Preferred Brand |   |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)  | Tier 4 Non-Preferred Brand |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %                          | Tier 4 Non-Preferred Brand |   |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %                              | Tier 4 Non-Preferred Brand |   |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))             | Tier 4 Non-Preferred Brand |   |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium)) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PREVIDENT 5000 DRY MOUTH<br>DENTAL PASTE 1.1 % (fluoride (sodium))                  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PREVIDENT 5000 ENAMEL PROTECT<br>DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| PREVIDENT 5000 ORTHO DEFENSE (fluoride (sodium))<br>DENTAL PASTE 1.1 % | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PREVIDENT 5000 PLUS DENTAL (fluoride (sodium))<br>CREAM 1.1 %          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug  | Status                     | Notes   |
|---|----------------------------|---|
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate) | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))                              | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))                          | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))                        | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                          | Tier 2 Generic             |   |
| SF DENTAL GEL 1.1 % (fluoride (sodium))                                      | Tier 2 Generic             |   |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))        | Tier 2 Generic             |   |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))             | Tier 2 Generic             |   |
| sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive) | Tier 2 Generic             |   |
| <b>Folic Acid Preparations</b>   |                            |   |
| folic acid injection solution 5 mg/ml  | Tier 2 Generic             |   |
| folic acid oral tablet 1 mg  | Tier 2 Generic             |   |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                                     | Tier 1 EHB/ACA             |   |
| <b>Iron Replacement</b>  |                            |   |
| CITRANATAL BLOOM ORAL TABLET<br>90-1-12-50 MG-MG-MCG-MG                            | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML                    | Tier 5 Specialty           | SP  |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON                                 | Tier 4 Non-Preferred Brand |   |
| TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML                                   | Tier 4 Non-Preferred Brand |   |
| <b>Multivitamin Preparations</b>   |                            |   |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG                               | Tier 4 Non-Preferred Brand |   |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG                           | Tier 4 Non-Preferred Brand |   |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG                | Tier 2 Generic             |   |
| <b>Prenatal Vitamin Preparations</b>   |                            |   |
| ATABEX OB ORAL TABLET 29-1 MG  | Tier 1 EHB/ACA             |   |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG | Tier 1 EHB/ACA             |   |
| BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG                       | Tier 1 EHB/ACA             |   |
| CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG                                    | Tier 1 EHB/ACA             |   |
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG                          | Tier 4 Non-Preferred Brand |   |



| Drug  | Status                     | Notes |
|---|----------------------------|-------|
| CITRANATAL 90 DHA (ALGAL OIL)<br>ORAL COMBO PACK 90 MG IRON-1<br>MG -50 MG-300 MG | Tier 4 Non-Preferred Brand |       |
| CITRANATAL ASSURE ORAL COMBO<br>PACK 35 MG IRON-1 MG -50 MG-300<br>MG             | Tier 4 Non-Preferred Brand |       |
| CITRANATAL DHA (ALGAL OIL) ORAL<br>COMBO PACK 27 MG IRON-1 MG -50<br>MG-250 MG    | Tier 4 Non-Preferred Brand |       |
| CITRANATAL HARMONY (IRON FUM)<br>ORAL CAPSULE 27 MG IRON-1 MG -<br>50 MG-260 MG   | Tier 4 Non-Preferred Brand |       |
| COMPLETE NATAL DHA ORAL<br>COMBO PACK 29 MG IRON- 1 MG-200<br>MG                  | Tier 1 EHB/ACA             |       |
| COMPLETENATE ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG                          | Tier 1 EHB/ACA             |       |
| KPN ORAL TABLET 9 MG IRON- 267<br>MCG   | Tier 1 EHB/ACA             |       |
| MINI PRENATAL ORAL TABLET 6.75<br>MG IRON- 200 MCG                                | Tier 1 EHB/ACA             |       |
| M-NATAL PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic<br>IRON- 1 MG acid)     | Tier 1 EHB/ACA             |       |
| MYNATAL ADVANCE ORAL TABLET<br>90-1-50 MG   | Tier 1 EHB/ACA             |       |
| MYNATAL ORAL CAPSULE 65 MG<br>IRON- 1 MG  | Tier 1 EHB/ACA             |       |
| MYNATAL ORAL TABLET 90-1-50 MG  | Tier 1 EHB/ACA             |       |
| MYNATAL PLUS ORAL TABLET 65 MG<br>IRON- 1 MG                                      | Tier 1 EHB/ACA             |       |
| MYNATAL-Z ORAL TABLET 65 MG<br>IRON- 1 MG   | Tier 1 EHB/ACA             |       |
| MYNATE 90 PLUS ORAL TABLET<br>EXTENDED RELEASE 90 MG IRON-1<br>MG                 | Tier 1 EHB/ACA             |       |
| NATAVI PNV ORAL CAPSULE 13.5 MG<br>IRON- 0.5 MG-150 MG                            | Tier 1 EHB/ACA             |       |
| NEONATAL PLUS VITAMIN ORAL<br>TABLET 27 MG IRON- 1 MG                             | Tier 1 EHB/ACA             |       |
| NEO-VITAL RX ORAL TABLET 27 MG<br>IRON- 1 MG                                      | Tier 1 EHB/ACA             |       |
| NEXA PLUS ORAL CAPSULE 29 MG<br>IRON-1.25 MG-55 MG                                | Tier 4 Non-Preferred Brand |       |
| OBSTETRIX DHA ORAL COMBO<br>PACK,TABLET AND CAP,DR 29 MG<br>IRON-1 MG -50 MG      | Tier 1 EHB/ACA             |       |

| Drug   | Status                         | Notes   |
|--|--------------------------------|---|
| OBSTETRIX DHA PRENATAL DUO<br>ORAL COMB PACK, TABLET<br>DR, CAPSULE DR 29 MG IRON- 1,700<br>MCG DFE          | Tier 1 EHB/ACA                 |   |
| OBSTETRIX EC ORAL<br>TABLET, DELAYED RELEASE (DR/EC)<br>29 MG IRON- 1,700 MCG DFE, 29 MG<br>IRON-1 MG -50 MG | Tier 1 EHB/ACA                 |   |
| OBTREX DHA ORAL COMBO<br>PACK, TABLET AND CAP, DR 29 MG<br>IRON-1 MG -50 MG                                  | Tier 4 Non-<br>Preferred Brand | A prescription written<br>indicating DAW 1 or DAW 2<br>will not override the<br>subscribers benefit<br>coverage. The subscriber<br>may have a higher out of<br>pocket cost when a<br>Generic Drug is available<br>and the Brand Drug is<br>authorized by their doctor<br>or requested by the<br>subscriber. In these cases,<br>the subscriber will pay the<br>price difference between<br>the Brand Drug and<br>Generic Drug prices in<br>addition to the applicable<br>Copayment or Coinsurance<br>amount. |
| ONE DAILY PRENATAL ORAL COMBO<br>PACK 28-800-440 MG-MCG-MG   | Tier 1 EHB/ACA                 |   |
| ONE-A-DAY PRENATAL-1 ORAL<br>CAPSULE 27 MG IRON- 800 MCG-235<br>MG   | Tier 1 EHB/ACA                 |   |
| <i>pnv cmb#95-ferrous fumarate-fa oral</i> (Prenatal)<br><i>tablet 28 mg iron- 800 mcg</i>                   | Tier 1 EHB/ACA                 |   |
| PNV-DHA + DOCUSATE ORAL<br>CAPSULE 27-1.25-55-300 MG   | Tier 1 EHB/ACA                 |   |
| PNV-SELECT ORAL TABLET 27-1 MG   | Tier 1 EHB/ACA                 |   |
| PR NATAL 400 EC ORAL COMBO<br>PACK, TABLET AND CAP, DR 29-1-400<br>MG  | Tier 1 EHB/ACA                 |   |
| PR NATAL 400 ORAL COMBO PACK<br>29-1-400 MG  | Tier 1 EHB/ACA                 |   |
| PR NATAL 430 EC ORAL COMBO<br>PACK, TABLET AND CAP, DR 29-1-430<br>MG  | Tier 1 EHB/ACA                 |   |
| PR NATAL 430 ORAL COMBO PACK<br>29 MG IRON-1 MG -430 MG  | Tier 1 EHB/ACA                 |   |
| PRENAISSANCE ORAL CAPSULE 29-<br>1.25-55-325 MG  | Tier 2 Generic                 |   |

| Drug  | Status         | Notes |
|---|----------------|-------|
| PRENAISSANCE PLUS ORAL<br>CAPSULE 28-1-50-250 MG  | Tier 2 Generic |       |
| PRENATA ORAL TABLET,CHEWABLE<br>29 MG IRON- 1 MG  | Tier 1 EHB/ACA |       |
| PRENATABS FA ORAL TABLET 29-1<br>MG   | Tier 1 EHB/ACA |       |
| PRENATABS RX ORAL TABLET 29 MG<br>IRON- 1 MG  | Tier 1 EHB/ACA |       |
| PRENATAL + DHA ORAL COMBO<br>PACK 28 MG IRON- 975 MCG-200 MG,<br>28 MG IRON-800 MCG-200 MG    | Tier 1 EHB/ACA |       |
| PRENATAL 19 (WITH DOCUSATE)<br>ORAL TABLET 29 MG IRON- 1 MG-25<br>MG                          | Tier 1 EHB/ACA |       |
| PRENATAL 19 ORAL TABLET 29 MG<br>IRON- 1 MG   | Tier 1 EHB/ACA |       |
| PRENATAL 19 ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG                                       | Tier 1 EHB/ACA |       |
| PRENATAL COMPLETE ORAL TABLET<br>14 MG IRON- 400 MCG  | Tier 1 EHB/ACA |       |
| PRENATAL ESSENTIALS ORAL<br>CAPSULE 6 MG IRON- 272 MCG DFE                                    | Tier 1 EHB/ACA |       |
| PRENATAL FORMULA ORAL TABLET (pnv cmb#95-ferrous<br>28 MG IRON- 800 MCG fumarate-fa)          | Tier 1 EHB/ACA |       |
| PRENATAL FORMULA ORAL TABLET<br>9 MG IRON- 267 MCG  | Tier 1 EHB/ACA |       |
| PRENATAL FORMULA-DHA ORAL<br>CAPSULE 28 MG-800 MCG- 200 MG                                    | Tier 1 EHB/ACA |       |
| PRENATAL MULTI ORAL TABLET 27-<br>800 MG-MCG  | Tier 1 EHB/ACA |       |
| PRENATAL MULTI-DHA (ALGAL OIL)<br>ORAL CAPSULE 27MG IRON- 800<br>MCG-250 MG                   | Tier 1 EHB/ACA |       |
| PRENATAL MULTI-DHA(WITH VIT K)<br>ORAL CAPSULE 27 MG IRON-800<br>MCG-260 MG                   | Tier 1 EHB/ACA |       |
| PRENATAL MULTIVITAMINS ORAL (pnv cmb#95-ferrous<br>TABLET 28 MG IRON- 800 MCG fumarate-fa)    | Tier 1 EHB/ACA |       |
| PRENATAL ONE DAILY ORAL TABLET<br>27 MG IRON- 800 MCG   | Tier 1 EHB/ACA |       |
| PRENATAL ORAL TABLET 28 MG (pnv cmb#95-ferrous<br>IRON- 800 MCG fumarate-fa)                  | Tier 1 EHB/ACA |       |
| PRENATAL ORAL TABLET 28-800 MG-<br>MCG  | Tier 1 EHB/ACA |       |
| PRENATAL PLUS (CALCIUM CARB) (pnv,calcium 72-iron-folic<br>ORAL TABLET 27 MG IRON- 1 MG acid) | Tier 1 EHB/ACA |       |

| Drug  | Status         | Notes |
|---|----------------|-------|
| PRENATAL PLUS DHA ORAL COMBO<br>PACK 27 MG IRON-1 MG -312 MG-250<br>MG                                | Tier 1 EHB/ACA |       |
| PRENATAL PLUS ORAL TABLET 29<br>MG IRON- 1 MG (pnv,calcium 72-iron,carb-<br>folic)                    | Tier 1 EHB/ACA |       |
| PRENATAL PLUS VITAMIN-MINERAL<br>ORAL TABLET 27 MG IRON- 1 MG   | Tier 1 EHB/ACA |       |
| PRENATAL TABLET ORAL TABLET 28<br>MG IRON- 800 MCG (prenatal vit-iron fum-folic<br>ac)                | Tier 1 EHB/ACA |       |
| <i>prenatal vit no.179-iron-folic oral tablet<br/>28 mg iron- 800 mcg</i>                             | Tier 1 EHB/ACA |       |
| PRENATAL VITAMIN ORAL TABLET 27<br>MG IRON- 0.8 MG, 27 MG IRON- 800<br>MCG, 28 MG IRON- 800 MCG       | Tier 1 EHB/ACA |       |
| PRENATAL VITAMIN PLUS LOW IRON<br>ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic<br>acid)    | Tier 1 EHB/ACA |       |
| PRENATAL VITAMIN WITH MINERALS<br>ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic<br>ac) | Tier 1 EHB/ACA |       |
| <i>prenatal vit-iron fum-folic ac oral tablet<br/>28 mg iron- 800 mcg</i> (Prenatal Tablet)           | Tier 1 EHB/ACA |       |
| PRENATAL WITH DHA-FOLIC ACID<br>ORAL TABLET,CHEWABLE 400-32.5<br>MCG-MG                               | Tier 1 EHB/ACA |       |
| PROVIDA OB ORAL CAPSULE 40 MG<br>IRON- 1.25 MG  | Tier 1 EHB/ACA |       |
| SE-NATAL 19 CHEWABLE ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG                                      | Tier 1 EHB/ACA |       |
| SE-NATAL 19 ORAL TABLET 29 MG<br>IRON- 1 MG   | Tier 1 EHB/ACA |       |
| SIMILAC PRENATAL ORAL COMBO<br>PACK 27 MG IRON-800 MCG-200 MG   | Tier 1 EHB/ACA |       |
| STUART ONE ORAL CAPSULE 27 MG<br>IRON- 800 MCG-200 MG   | Tier 1 EHB/ACA |       |
| TENDERA-OB ORAL CAPSULE 27 MG<br>IRON-1 MG -205 MG  | Tier 1 EHB/ACA |       |
| THERANATAL COMPLETE ORAL<br>COMBO PACK 27 MG IRON- 1 MG-150<br>MG                                     | Tier 1 EHB/ACA |       |
| THERANATAL ONE ORAL CAPSULE<br>27 MG IRON-1000 MCG-300 MG   | Tier 1 EHB/ACA |       |
| THERANATAL ORAL TABLET 27 MG<br>IRON- 1 MG  | Tier 1 EHB/ACA |       |
| THERANATAL OVAVITE ORAL<br>COMBO PACK 18-1-125 MG-MG-UNIT   | Tier 1 EHB/ACA |       |
| THERANATAL PLUS ORAL COMBO<br>PACK 27 MG IRON- 1 MG-300 MG  | Tier 1 EHB/ACA |       |

| Drug  | Status                         | Notes |
|---|--------------------------------|-------|
| THRIVITE RX ORAL TABLET 29 MG<br>IRON- 1 MG   | Tier 1 EHB/ACA                 |       |
| TRICARE ORAL TABLET 27 MG IRON-<br>1 MG   | Tier 1 EHB/ACA                 |       |
| TRINATAL RX 1 ORAL TABLET 60 MG<br>IRON-1 MG  | Tier 1 EHB/ACA                 |       |
| TRINATE ORAL TABLET 28 MG IRON-<br>1 MG   | Tier 1 EHB/ACA                 |       |
| ULTRA PRENATAL PLUS DHA ORAL<br>CAPSULE 23 MG-800 MCG- 250 MG-<br>200 MG            | Tier 1 EHB/ACA                 |       |
| VITAFOL FE+ (WITH DOCUSATE)<br>ORAL CAPSULE 90 MG IRON-1 MG -<br>50 MG-200 MG       | Tier 4 Non-<br>Preferred Brand |       |
| VITAFOL GUMMIES ORAL<br>TABLET,CHEWABLE 3.33 MG IRON-<br>0.33 MG                    | Tier 1 EHB/ACA                 |       |
| VP-CH-PNV ORAL CAPSULE 30 MG<br>IRON-1 MG -50 MG-260 MG                             | Tier 2 Generic                 |       |
| WESNATAL DHA COMPLETE ORAL<br>COMBO PACK 29 MG IRON- 1 MG-200<br>MG                 | Tier 1 EHB/ACA                 |       |
| WESTAB PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic<br>IRON- 1 MG acid)        | Tier 1 EHB/ACA                 |       |
| WOMEN'S PRENATAL PLUS DHA<br>ORAL COMBO PACK 28 MG-975 MCG-<br>200 MG               | Tier 1 EHB/ACA                 |       |
| <b>Prenatal Vitamins Without Iron</b>   |                                |       |
| NATAVI PRIMA ORAL CAPSULE 4 MG<br>IRON- 0.5 MG-150 MG                               | Tier 1 EHB/ACA                 |       |
| ONE-A-DAY PRENATAL ORAL<br>TABLET,CHEWABLE 400 MCG- 25 MG                           | Tier 1 EHB/ACA                 |       |
| PRENATAL GUMMIES ORAL<br>TABLET,CHEWABLE 400 MCG-35 MG-<br>25 MG-5 MG               | Tier 1 EHB/ACA                 |       |
| PRENATAL GUMMIES(ZINC<br>CHELATE) ORAL TABLET,CHEWABLE<br>180 MCG-35 MG- 25 MG-5 MG | Tier 1 EHB/ACA                 |       |
| PRENATAL ORAL<br>TABLET,CHEWABLE 400 MCG  | Tier 1 EHB/ACA                 |       |
| <b>Vitamin B Preparations</b>   |                                |       |
| B COMPLEX 100 INJECTION<br>SOLUTION 100-2-100-2-2 MG/ML                             | Tier 2 Generic                 |       |
| B-COMPLEX INJECTION INJECTION<br>SOLUTION 100-2-100-2-2 MG/ML                       | Tier 2 Generic                 |       |

| Drug   | Status                     | Notes   |
|--|----------------------------|---|
| <b>Vitamin B1 Preparations</b>   |                            |   |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>                        | Tier 2 Generic             |   |
| <b>Vitamin B12 Preparations</b>  |                            |   |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)         | Tier 2 Generic             |   |
| DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))                | Tier 2 Generic             |   |
| <i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>                          | Tier 2 Generic             |   |
| <i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>                     | Tier 2 Generic             |   |
| <b>Vitamin B6 Preparations</b>   |                            |   |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>                          | Tier 2 Generic             |   |
| <b>Vitamin C Preparations</b>  |                            |   |
| ASCOR INTRAVENOUS SOLUTION 500 MG/ML   | Tier 4 Non-Preferred Brand |   |
| <i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>                        | Tier 2 Generic             |   |
| <b>Vitamin D Preparations</b>  |                            |   |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                     | Tier 2 Generic             |   |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)                                 | Tier 2 Generic             |   |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2) | Tier 2 Generic             |   |
| ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)  | Tier 4 Non-Preferred Brand | A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount. |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))        | Tier 2 Generic             |   |

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